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TIN: 35-0828754

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Inspection

A Fo	or the 2020 c	alendar year, or tax year beginning 07-01-2020 , and ending 06-30	0-2021			
B Che	ck if applicable:	C Name of organization ART MUSEUM OF GREATER		D Employer	identifi	ication number
	dress change	LAFAYETTE INC		35-08287	54	
_	me change	Doing business as				
	tial return	Doing business as				
_	l return/terminated	Note that the Control of the Control		E Telephone n	umber	
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 102 SOUTH 10TH STREET	te	(765) 740	1120	
_ Ap	nication pending			(765) 742	-1128	
		City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE, IN 47905				20.222
		·		G Gross recei	•	18,222
		F Name and address of principal officer: BRITTANY JONES	H(a) Is this	a group retur	n for	
		102 SOUTH 10TH ST		inates?		□Yes <a>✓ No
		LAFAYETTE, IN 47905	H(b) Are all include	subordinates		☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3)		" attach a list	. (see	instructions)
J W	ebsite: WW	/W.GLMART.ORG	H(c) Group		•	•
			-	-		
K Forn	of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	ion: 1952 M	State	of legal domicile: IN
1 1 0 1 11	r or organization	Corporation C must C Association C other P				
Pa	rt I Sum	mary		I.		
		scribe the organization's mission or most significant activities:				
m		DE A CENTER OF ART IN LAFAYETTE, INDIANA TO PROMOTE, FOSTER, AND ART COLLECTIONS, EXHIBITIONS, LECTURES, INSTRUCTION, AND SOCIA		NTEREST IN A	ART IN	THE COMMUNITY
nce	mkoodii	ANT COLLECTIONS, EXHIBITIONS, ELECTORES, INSTRUCTION, AND SOCIAL	L ACTIVITIES.			
Activities & Governance						
Ver						
Go	2 Check th				1 _ 1	1
×ŏ		of voting members of the governing body (Part VI, line 1a)			3	14
es	4 Number	of independent voting members of the governing body (Part VI, line 1b) .			4	14
VIE	5 Total nun	nber of individuals employed in calendar year 2020 (Part V, line 2a)			5	10
cti	6 Total nun	nber of volunteers (estimate if necessary)			6	140
A	7a Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 39			7b	
			Prio	r Year	T	Current Year
_	8 Contribut	ions and grants (Part VIII, line 1h)		313,550	0	398,368
Revenue	9 Program	service revenue (Part VIII, line 2g)		83,249	9	30,845
9.6	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		1,228		-790
æ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,553		41,595
				447,580		470,018
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-	
		nd similar amounts paid (Part IX, column (A), lines 1–3)		1,400	J	100
		paid to or for members (Part IX, column (A), line 4)				0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		255,338	3	213,600
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)				0
ф	b Total fundr	raising expenses (Part IX, column (D), line 25)				
G	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		214,554	1	193,260
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		471,292	2	406,960
	19 Revenue	less expenses. Subtract line 18 from line 12		-23,712	2	63,058
× %			Beginning o	f Current Yea	-	End of Year
Net Assets or Fund Balances						
sse	20 Total ass	ets (Part X, line 16)		584,841	1	649,391
t Ag	21 Total liab	ilities (Part X, line 26)		58,133	3	59,855
S.E.		ss or fund balances. Subtract line 21 from line 20		526,708	_	589,536
	i i					· · · · · · · · · · · · · · · · · · ·

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.

9/21/2	3, 9:	17 AM		Art Museum Of	Greater Lafayette Inc - Fu	ll Filing- Nonp	rofit Explorer -	ProPublica	a
	•		es, other compensation, emp		•		•	5,338	213,60
Se			ssional fundraising fees (Part	,	, , , , , , , , , , , , , , , , , , , ,	<i>'</i>		•	,
85	_		• ,		110, 1 1 1 1				
Expenses			indraising expenses (Part IX, colu		46.24.)		24		102.26
SHARKS.			expenses (Part IX, column (A	,	,			1,554	193,26
			expenses. Add lines 13–17 (n	•	* **		471	1,292	406,96
	19	Reven	ue less expenses. Subtract li	ne 18 from line 12			-23	3,712	63,05
Net Assets or Fund Balances						Begin	ning of Current	Year	End of Year
aŭ e									
S E	20	Total a	assets (Part X, line 16)				584	1,841	649,39
E S	21	Total I	iabilities (Part X, line 26) .				58	3,133	59,85
žű	22	Net as	ssets or fund balances. Subtra	act line 21 from line	20		526	5,708	589,53
Pa	rt II	Si	gnature Block			•			
knowl	edge	e and b							
		N.					2022-05-10		
Sign		Sig	nature of officer				Date		
Here			TTANK JONES TREASURER						
		/ //		Preparer's	cianature	Date	I	DTIN	
			Fillity Type preparer 5 flame	Preparer s	signature	2022-05-10	Check if)
Paid			Firmle research INITH THOMP	CON LL D			self-employed	F 2055042	
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of declared belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepoweledge. Signature of officer							
use	Or	ııy	Firm's address ▶ PO BOX 970				Phone no. (765	5) 428-5000	
			s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of not belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare is belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparers. 2022-05-10 Signature of officer BRITTANY JONES TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Prim's name HUTH THOMPSON LLP Firm's address PO BOX 970 LAFAYETTE, IN 479020970 Scuss this return with the preparer shown above? (see instructions) Cat. No. 11282Y Form 990 Page 2 O) Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III CENTER OF ART IN LAFAYETTE, INDIANA TO PROMOTE, FOSTER, AND ENCOURAGE INTEREST IN ART IN THE COMMUNITY THR						
M	TC	00 4:			:		•		/
				•					
Form Par		,		rvice Accomplis	hments				Page
		Che	eck if Schedule O contains a r	esponse or note to a	any line in this Part III				\square
1	Brie								
TO PR	.OVII	DE A CI	ENTER OF ART IN LAFAYETTE	, INDIANA TO PROM	IOTE, FOSTER, AND ENCO	URAGE INTER	REST IN ART IN	N THE COM	MUNITY THROUGH
ART C	OLLE	ECTION	IS, EXHIBITIONS, LECTURES,	INSTRUCTION, AN	D SOCIAL ACTIVITIES.				
2	Did	the org	janization undertake any sigr	ificant program ser	vices during the year whic	h were not lis	sted on	,	
		•						l	🗌 Yes 🔽 No
3	Did	the org	ganization cease conducting,	or make significant	changes in how it conduct	s, any progra	m		
	serv	ices?							U Yes 🛂 No
	If "\	res," de	escribe these changes on Sch	edule O.					
4	Sect	tion 50	ne organization's program ser 1(c)(3) and 501(c)(4) organi: ue, if any, for each program s	zations are required					
4a	(Coc	de:) (Expenses \$	295,041	including grants of \$	100) (Revenue \$		30,845)
	ACQ	UISITIO	N, EXHIBITIONS, PRESERVATION	OF WORKS OF ART, AN	ID ART EDUCATION THROUGH	VARIOUS CLAS	SES AND PROGR	RAMS	,
4b	(Coc	de:) (Expenses \$		including grants of \$) (Revenue \$)
	_								

4a	(Code:) (Expenses \$ 295,041 including grants of \$ ACQUISITION, EXHIBITIONS, PRESERVATION OF WORKS OF ART, AND ART EDUCATION THROUGH VAR	100) (Revenue \$ RIOUS CLASSES AND PROGRAMS	30,	845)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	,	Revenue \$)		
4e		, ¥		orm 99	0 (2020
	Page 3 Part IV Checklist of Required Schedules				Page 3
1	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private for Schedule A Schedule A	undation)? If "Yes," complete	1	Yes	No
2	2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instru	uctions)? 🥵	2	Yes	
3	3 Did the organization engage in direct or indirect political campaign activities on behalf of for public office? <i>If "Yes," complete Schedule C, Part I</i>	or in opposition to candidates	3		No
4	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	or have a section 501(h)	4		No
5	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receive assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," comp</i>		5		No
6	6 Did the organization maintain any donor advised funds or any similar funds or accounts f to provide advice on the distribution or investment of amounts in such funds or accounts <i>Schedule D.</i> Part		6		No
7			7		No
8	8 Did the organization maintain collections of works of art, historical treasures, or other sin complete Schedule D, Part III 2	milar assets? If "Yes,"	8	Yes	
9					
	9 Did the organization report an amount in Part X, line 21 for escrow or custodial account life for amounts not listed in Part X; or provide credit counseling, debt management, credit reservices? If "Yes," complete Schedule D, Part IV		9		No
10	for amounts not listed in Part X; or provide credit counseling, debt management, credit reservices? If "Yes," complete Schedule D, Part IV	epair, or debt negotiation • • • • • • • • • • • • • • • • • • •	9	Yes	No
11	for amounts not listed in Part X; or provide credit counseling, debt management, credit reservices? If "Yes," complete Schedule D, Part IV	repair, or debt negotiation repair, or debt negotiation restricted endowments, restricted endowments, redule D, Parts VI, VII, VIII, IX,		Yes	No
11 a	for amounts not listed in Part X; or provide credit counseling, debt management, credit reservices? If "Yes," complete Schedule D, Part IV	repair, or debt negotiation repair, or debt negotiation repair restricted endowments, nedule D, Parts VI, VII, VIII, IX, 10? If "Yes," complete		Yes	No

-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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 📆	11b		No
	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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 120	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2020)

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Form 990 (2020)
Part IV Checklist of Required Schedules (continued)

1 0	Concentration (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

Page 4

Par	Checklist of Required Schedules (continuea)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 00	0.(2020

3/2 1/2	At Museum Of Oreater Larayette me - Full Filling Notificial Explorer - Full	i ubiica	_	_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and t is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	hat 37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Not All Form 990 filers are required to complete Schedule O	e. 38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	ıg 1c	Yes	
			Form QQ	n (2020)

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Form	990 (2020)			Page .
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			

9/21/2	3, 9:17 AM Art Museum Of Greater Lafayette Inc - Full Filing- No	nprofit Explorer - ProPub	lica		
	1030°C:		/ !!		INU
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma sponsoring organization have excess business holdings at any time during the year?	intained by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	?	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule (D.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in reparachute payment(s) during the year?	emuneration or excess	15		No
16		tment income?	16		No
			F	orm 99	0 (202
	Page 6 ————				
Form	000 (2020)				
	990 (2020) Rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7h holow and for a "No	" rocn	onco to	Page
Fal	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instructions.		unse to	_
	Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>
Se	ection A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	14		163	140
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation officer, director, trustee, or key employee?	onship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by or und of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Fo	rm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	's assets? .	5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect members of the governing body?	or appoint one or more	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions underta	Iron during the year by			
0	the following:	ken during the year by			
		· · · ·	8a	Yes	

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

V-- N-

	3, 9:17 AM	Art Museum Of Greater Lafayette Inc - Full Filing- Nonprofit Explorer - ProPubli	ua		_
4	Did the organization make an	y significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become	aware during the year of a significant diversion of the organization's assets? .	5		No
5	Did the organization have me	mbers or stockholders?	6	Yes	
7a		mbers, stockholders, or other persons who had the power to elect or appoint one or more day?	7a	Yes	
b		of the organization reserved to (or subject to approval by) members, stockholders, or ning body?	7b		No
8	Did the organization contemp the following:	oraneously document the meetings held or written actions undertaken during the year by			
а	The governing body?		8a	Yes	
b	Each committee with authorit	y to act on behalf of the governing body?	8b	Yes	
9		trustee, or key employee listed in Part VII, Section A, who cannot be reached at the s? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Se	ction B requests information about policies not required by the Internal Revenue	Code		r
		<u>-</u>		Yes	No
)a	Did the organization have local	al chapters, branches, or affiliates?	10a		No
b		have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided form?	d a complete copy of this Form 990 to all members of its governing body before filing the	11a		No
b	Describe in Schedule O the pr	rocess, if any, used by the organization to review this Form 990			
2a	Did the organization have a w	ritten conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or troconflicts?	ustees, and key employees required to disclose annually interests that could give rise to	12b		No
С	Did the organization regularly Schedule O how this was don	and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in</i>	12c		No
3	Did the organization have a w	ritten whistleblower policy?	13		No
1	Did the organization have a w	ritten document retention and destruction policy?	14		No
5		ng compensation of the following persons include a review and approval by independent and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Execu	utive Director, or top management official	15a	Yes	
b	Other officers or key employe	es of the organization	15b		No
	If "Yes" to line 15a or 15b, de	escribe the process in Schedule O (see instructions).			
ā	Did the organization invest in taxable entity during the year	, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
b	in joint venture arrangements	follow a written policy or procedure requiring the organization to evaluate its participation s under applicable federal tax law, and take steps to safeguard the organization's exempt rangements?			
	·	rangements.	16b		
	ction C. Disclosure				
7	List the states with which a co	opy of this Form 990 is required to be filed. IN			
8	Section 6104 requires an organily) available for public insp	anization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s ection. Indicate how you made these available. Check all that apply.			
	Own website Anoth	ner's website 🔽 Upon request 🗌 Other (explain in Schedule O)			
9	Describe in Schedule O wheth	ner (and if so, how) the organization made its governing documents, conflict of interest available to the public during the tax year.			
0	State the name, address, and KENDALL SMITH II 102 S 1	telephone number of the person who possesses the organization's books and records: .0TH STREET LAFAYETTE, IN 47905 (765) 742-1128			
			F	orm 99	0 (20

Section C. List the

	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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.

Form 990 (202 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line 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

- 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, or highest compensated employees who received more than \$100,000

Part VII

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Form 990 (2020)	Page 7

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

Check if Schodule O contains a response or note to apply line in this Part VIII

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, or 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related or	rganiza	tion c	omp	ens	ated a	ny c	urrent officer, direc	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related		one bo	ox, in of tor/t	t ch unle ficei rust	ss per r and a ee)	son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) KENDALL SMITH II EXECUTIVE DI	40.00	х		х				84,048	0	C
(2) ALBERA BARKER EX-OFFICIO	1.00	х						0	0	C
(3) JUDITH AUSTIN SECRETARY	1.00	х		х				0	0	0
(4) GABRIELLE CRAMER BARASH DIRECTOR	1.00	х						0	0	C
(5) EBONY BARRETT-KENNEDY DIRECTOR	1.00	х						0	0	C
(6) KAY CONNER DIRECTOR	1.00	х						0	0	C
(7) CHARYLNE FABI DIRECTOR	1.00	х						0	0	C
(8) ZENEPHIA EVANS DIRECTOR	1.00	х						0	0	C
(9) BARRY LOFTUS VICE PRESIDE	1.00	х		х				0	0	C
(10) BRITTANY JONES TREASURER	1.00	х		х				0	0	C
(11) TERRY STEVICK DIRECTOR	1.00	х						0	0	C
(12) ROB THEODOROW DIRECTOR	1.00	х						0	0	C
/43\ LODTE AMTON	1.00	İ	i			i i				

9/21/23, 9:17 AM	Art Museum C	f Great	er Lafa	ayet	te Ir	nc - Fi	ull Fi	iling- Nonprofit Exp	lorer - ProPublica	
DIRECTOR										
(8) ZENEPHIA EVANS DIRECTOR	1.00	Х						0	0	0
(9) BARRY LOFTUS VICE PRESIDE	1.00	Х		х				0	0	0
(10) BRITTANY JONES TREASURER	1.00	Х		х				0	0	0
(11) TERRY STEVICK DIRECTOR	1.00	Х						0	0	0
(12) ROB THEODOROW DIRECTOR	1.00	Х						0	0	0
(13) LORIE AMICK PRESIDENT	1.00	х		х				0	0	0
(14) GRAYCE LECHTENBERG EX OFFICIO	1.00	х						0	0	0

Form **990** (2020)

—— Page 8 —

Form 990 (2020)

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	than d	one b	ox, ι in of	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	Ž/1099-MISĆ)	organization and related organizations

21/23, 9:1	7 AM	Ar	t Museum Of G	Greater L	.afaye	tte Inc	- Full Fili	ng- Nonprofit	Explorer - ProPu	blica		
		- 										
b Sub-To	otal				+	•				┰┖		
c Total f	from continuation shee (add lines 1b and 1c)	ets to Part VII, S	ection A .			*		84,048				
	number of individuals (ir				ahove) who	received	more than \$1	00 000			
	portable compensation fr			e nocea	ubo • c	, , ,,,,,,	received	more than \$2	,			
											Yes	No
Did t	the organization list any f	ormer officer. d	irector or trust	ee. kev	emplo	vee. o	r hiahest	compensated	l emplovee on		. 05	
	1a? If "Yes," complete Sc						_	•		3		No
For a	any individual listed on lin	e 1a, is the sum	of reportable	compens	sation	and o	ther com	pensation fro	m the			
orga	nization and related orga	nizations greater		0? <i>If "Ye</i>	es," co	omplet						
indiv	ridual				•					4		No
	any person listed on line 1		•				_					
servi	ices rendered to the orga	nization? <i>If "Yes,</i>	" complete Sch	eaule J	tor su	cn per	son .			5		No
	B. Independent Co								+100 000 6			
	plete this table for your fi the organization. Report									mpensa	tion	
		(A)		·					(B)		(0	
		Name and busine	ess address					Des	cription of services		Comper	isation
Total n	umber of independent co	ntractors (includ	ing but not lim	ited to t	hose	listed a	above) wh	no received m	ore than \$100,0	00 of		
compe	nsation from the organiza	ition 🕨 🔪										_ /
										F	orm 99	0 (202)
				— Pac	10.0							
				— Pag	je 9							
rm 990 (2020)											Page
Part VIII	Statement of Re	venue										
	Check if Schedule O	contains a respo	nse or note to	any line	in thi	s Part	VIII		<u> </u>			
				To	(A) Ital re	venue	R	(B) elated or	(C) Unrelated		(D) Rever	
					ital 16	venue		exempt	business		xcluded	from
								function revenue	revenue	tax	under : 512 -	
dera	ited campaigns	1a								l.		
a tr	ership dues											
embe	ership dues	1b										
Am	106,209											
indra V	aising events .	1c										
. E	aising events 39,364											
alate	d organizations	1d										
je	ment grants (contributions)											
5 verni	ment grants (contributions)	1e										
othe	73,637											
	73,637 er contributions, gifts, grants,											
and sim above	nilar amounts not included	1f										
	179,158											
	h contributions included in	I										

Bu	siness Code			
2a EXHIBITION INCOMES:EXHIBIT -	713990	14,050	14,050	
) EDUCATION INCOME	611600	9,419	9,419	
: EXHIBITION INCOMES:COMMUNITY	713990	5,000	5,000	
1 MONTHLY MEETINGS/LUNCHEONS AR	713990	1,923	1,923	
OTHER ACTIVITIES INCOME - ART	713990	453	453	
f All other program service revenue.				
9 Total. Add lines 2a-2f ▶	30,845		I	I
3 Investment income (including dividends, interest, similar amounts)	and other	1,053		1,05
4 Income from investment of tax-exempt bond prod	ceeds 🕨			
5 Royalties	. •			
) Personal			
5a Gross rents 6a				
Less: rental expenses 6b				
Rental income or (loss) 6c				
d Net rental income or (loss)	_			
' ₁ ''	ii) Other			
7a Gross amount from sales of assets other than inventory				
b Less: cost or other basis and sales expenses	1,843			
Gain or (loss)	-1,843			
d Net gain or (loss)	•	-1,843	-1,843	
Pa Gross income from fundraising events (not including \$ 39,364 of				
contributions reported on line 1c). See Part IV, line 18 8a	46,451			
b Less: direct expenses 8b	23,265			
c Net income or (loss) from fundraising events .	•	23,186		23,18
□ Gross income from gaming activities.				

10,627

23,723

13,096

10a

10b

SCHEDULE A	Public Charity Status and Public Suppo	.4	OND NO. 1343 0047		
(Form 990 or 990EZ)	2020				
Department of the Treasury Internal Revenue Service	4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest informations	mation.	Open to Public Inspection		
Name of the organiza ART MUSEUM OF GREATER LAFAYETTE INC		Employer identif 35-0828754	ication number		
	for Public Charity Status (All organizations must complete this part.) So private foundation because it is: (For lines 1 through 12, check only one box.)	ee instructions.			
1 A church, c	onvention of churches, or association of churches described in section 170(b)(1)(A)(i).			

ObjectId: 202231329349304988 - Submission: 2022-05-12

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

A bospital or a cooperative bospital service organization described in **section 170(b)(1)(A)(iii)**

10aGross sales of inventory, less returns and allowances .

efile Public Visual Render

2

b Less: cost of goods sold . .

C Nat income or (loss) from sales of inventory

TIN: 35-0828754

10,627

efile Public Visual Render

ObjectId: 202231329349304988 - Submission: 2022-05-12

TIN: 35-0828754

OMB No. 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public

								Inspection
ART M		he organization I OF GREATER NC					Employer identific	ation number
	rt I	Reason for Public	Charity Stat	us (All organization	c must comp	loto this part \		
		zation is not a private fou					see mstructions.	
1		A church, convention of	churches, or as	ssociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research orga	·	-				nter the hospital's
		name, city, and state:					()()()	
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	bed in section
6		A federal, state, or loca	•		scribed in sect	ion 170(b)(1)(۸)(v).	
7		An organization that no section 170(b)(1)(A)			s support from	a governmental ι	unit or from the genera	al public described in
8		A community trust desc	cribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college (ege or university or a
10	✓	An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busir	nctions—subject to cert ness taxable income (le	tain exceptions	, and (2) no more	than 331/3% of its su	pport from gross
11		An organization organiz	ed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported in lines 12a through 12	d organizations	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow	rganization oper er to regularly	rated, supervised, or co appoint or elect a majo	ontrolled by its	supported organi	zation(s), typically by	
b		Type II. A supporting of management of the support	organization sup oporting organiz	pervised or controlled in ation vested in the sar				
С		must complete Part I Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organization	d. A supporting organion generally must satis	ization operate fy a distribution	d in connection wing requirement and	th its supported organ	
е		Check this box if the or integrated, or Type III r	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	r the number of supporte	d organizations				<u> </u>	
g		ide the following informat Name of supported		upported organization((iii) Type of	T .	ganization listed	(w) Amount of	(vi) Amount of
	(1)	organization	(ii) EIN	organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	other support (see instructions)
					Yes	No		
Tota	<u> </u>							
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule A (Form 9	<u> </u> 90 or 990-EZ) 2020
Form	990	or 990-EZ.	·				·	·
				Pa	ge 2 ———			
		(Form 990 or 990-EZ) 20				4=4(1)/////		Page 2
Pa	rt II	(Complete only if y	ou checked t	tations Described he box on line 5, 7,	or 8 of Part I	or if the organ	ization failed to qua	
		If the organization	railed to qual	ify under the tests I	isted below, i	piease complete	e Part III.)	

1.

T.,

T.,,

Section A. Public Support

Calendar vear

1.5.

9/21/2	3, 9:17 AM	Art Museum	Of Greater Lafay	ette Inc - Full Filing	g- Nonprofit Explo	rer - ProPublica	
b	33 1/3% support test-2019. If the	organization did n	ot check a box or	n line 13 or 16a, a	nd line 15 is 33 i/	3% or more, chec	k this
_ i	box and stop here. The organization of 10%-facts-and-circumstances test- is 10% or more, and if the organization in Part VI how the organization meets to	-2020. If the org meets the "facts-	anization did not and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and stop he	, and line 14 ere. Explain	▶□
	organization	—2019. If the orgition meets the "facts meets the "facts."	ganization did not acts-and-circumst -and-circumstance	check a box on ling ances" test, check es" test. The organ	ne 13, 16a, 16b, o this box and sto nization qualifies a	or 17a, and line p here. as a publicly	. 0
40	supported organization						▶□
	instructions						ightharpoons
	instructions						or 990-EZ) 2020
			Page 3				
Sched	dule A (Form 990 or 990-EZ) 2020						Page 3
Pa	art III Support Schedule fo	r Organization	s Described in	Section 509(a)(2)		
	(Complete only if you on the organization fails to ection A. Public Support	checked the box	on line 10 of P	art I or if the or	ganization faile		er Part II. If
	endar year	(-) 2016	(b) 2017	(a) 2019	(4) 2010	(2) 2020	(6) Total
(or f	fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	284,950	330,461	411,161	313,550	398,368	1,738,490
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	138,191	130,727	209,986	91,123	54,568	624,595
3	Gross receipts from activities that are not an unrelated trade or business under section 513	66,746	94,254	56,657	69,753	46,451	333,861
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	489,887	555,442	677,804	474,426	499,387	2,696,946
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	9,545	8,395	23,651	13,996	3,444	59,031
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.						
С	Add lines 7a and 7b	9,545	8,395	23,651	13,996	3,444	59,031
8	Public support. (Subtract line 7c from line 6.)						2,637,915
Se	ection B. Total Support						l
Cale	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(or 1	fiscal year beginning in) Amounts from line 6	489,887	555,442	677,804	474,426	` `	2,696,946
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	43					3,192
b	income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	43	133	735	1,228	1,053	3,192
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,789	10,588	3,394	1,629	7,778	28,178
13	Total support. (Add lines 9, 10c, 11, and 12.).	494,719	566,163	681,933	477,283	508,218	2,728,316
14	First 5 years. If the Form 990 is for t	-			•		
	check this box and stop here					<u> </u>	▶∪
Se	ection C. Computation of Public Public support percentage for 2020 (li			column (f))		15	96.690 %
16	Public support percentage from 2019		•	. , ,		16	95.600 %
-							

9/21/2	3, 9:17 AM	Art Museum (Of Greater Lafayett	e Inc - Full Filing-	Nonprofit Explore	er - ProPu	blica		
_	(less section 511 taxes) from businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.	43	133	735	1,228		1,053		3,192
11	Net income from unrelated business				ŕ		,		· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital	4,789	10,588	3,394	1,629		7,778		28,178
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).	494,719	566,163	681,933	477,283		508,218		,728,316
14	First 5 years. If the Form 990 is for the	=			=		-		
	check this box and stop here ection C. Computation of Public							-	
15	Public support percentage for 2020 (lir			olumn (f))		15		96	5.690 %
16	Public support percentage from 2019 S	Schedule A, Part III	I, line 15			16			5.600 %
Se	ection D. Computation of Invest								
17	Investment income percentage for 202					17			0 %
18	Investment income percentage from 2	•	•			18			0 %
	33 1/3% support tests— 2020. If the o	_						_	
	more than 33 $1/3\%$, check this box and s 33 $1/3\%$ support tests—2019. If the								18 is
	not more than 33 1/3%, check this box	•			•				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see	instruction	ns	. ▶□	
					Schedule	A (Form	1 990 or	990-EZ) 2020
			Page 4 -						
Sche	dule A (Form 990 or 990-EZ) 2020								Page 4
Par	t IV Supporting Organization								
	(Complete only if you checked a box 12b, of Part I, complete Se	ctions A and C. If							
				2 C, 01 1 a1t 1, c011	ipicic occions A,			iccked b	ΟX
	12d, of Part I, complete Section		mplete Part V.)	20, 01 1 410 1, 0011	piece Sections A,	,	ii you ci	iecked b	ox
Se	12d, of Part I, complete Section A. All Supporting Organiz		mplete Part V.)	20, 01 1 410 1, 0011	piece Sections A,	,	II you ci		
	ection A. All Supporting Organiz	ations	mplete Part V.)			•	you c.	Yes	No
		ations organizations liste	mplete Part V.) d by name in the o	organization's gov	verning document	s?	11 you c.		
	Are all of the organization's supported	ations organizations liste	mplete Part V.) d by name in the coions are designate	organization's gov	verning document	s?	11 you c.	Yes	
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	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	Ja		
	organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa		
	the organization had excess business holdings).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2020
	Schedule A (Form 990 Page 5	or 99	0-EZ)	2020
		or 99	0-EZ)	2020
	Page 5 ———————————————————————————————————	or 99		2020 Page 5
	Page 5 ———————————————————————————————————	or 99	F	Page 5
	Page 5 ———————————————————————————————————	or 99		
Par	Page 5 dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the	or 99	F	Page 5
Par	dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?	or 99	F	Page 5
Par	Page 5 dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above?	11a 11b	F	Page 5
Par 11 a b	Page 5 dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a	F	Page 5
Par 11 a b	Page 5 dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b	Yes	Page 5
Par 11 a b	Page 5 dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations	11a 11b	F	Page 5
11 a b c	Page 5 dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"	11a 11b	Yes	Page 5
11 a b c	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	Page 5
11 a b c	dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's	11a 11b 11c	Yes	Page 5
11 a b c	dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11a 11b	Yes	Page 5
111 a b c See	dule A (Form 990 or 990-EZ) 2020 **TV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Section B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	11a 11b 11c	Yes	Page 5
111 a b c See	dule A (Form 990 or 990-EZ) 2020 **EXEMPTION OF THE PROPERTY	11a 11b 11c	Yes	Page 5
Par 111 a b c C Sec	dule A (Form 990 or 990-EZ) 2020 **EV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI*.* Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in *Part VI* how providing such benefit carried out the purposes of the supporting organization(s) that operated, supervised or controlled the supporting	11a 11b 11c	Yes	Page 5
Par 111 a b c C See 1	dule A (Form 990 or 990-EZ) 2020 **TV** Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI.* **Ection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees in the organization's artivities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization.	11a 11b 11c	Yes	Page 5
Par 111 a b c C Sec	dule A (Form 990 or 990-EZ) 2020 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI.* **Lection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in *Part VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in *Part VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. **Cotion C. Type II Supporting Organizations** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported or	11a 11b 11c	Yes	No No
Par 111 a b c C See 1	dule A (Form 990 or 990-EZ) 2020 **No supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Rection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. **Cetion C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's lirectors or trustees of each of the organization's supported organization's lirectors or trustees of each of the organization's supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's	11a 11b 11c	Yes	No No
Par 111 a b c C See 1	dule A (Form 990 or 990-EZ) 2020 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI.* **Lection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's directors or trustees at all times during the tax year? If "No," describe in *Part VI* how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in *Part VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in *Part VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. **Cotion C. Type II Supporting Organizations** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported or	11a 11b 11c	Yes	No No

9/21/	23, 9:17 AM Art Museum Of Greater Lafayette Inc - Ful	l Filing-	Nonprofit Explorer - ProPublica	1		
	describe in Part VI how the supported organization(s) effectively operated, supervise activities. If the organization had more than one supported organization, describe how remove directors or trustees were allocated among the supported organizations and vapplied to such powers during the tax year.	w the p	owers to appoint and/or			
2	Did the organization operate for the benefit of any supported organization other than	the su	pported organization(s) that	1		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in P carried out the purposes of the supported organization(s) that operated, supervised or	art VI	how providing such benefit			
	organization.	or Corre	oned the supporting	2		
	ection C. Type II Supporting Organizations					
<u> </u>	ection of Type 12 Supporting Organizations				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a					
	each of the organization's supported organization(s)? If "No," describe in Part VI hov supporting organization was vested in the same persons that controlled or managed to			1		
_	5 5		portea organization(b).			
	ection D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of	the fif	th month of the organization's			
	tax year, (i) a written notice describing the type and amount of support provided duri Form 990 that was most recently filed as of the date of notification, and (iii) copies of			:		
	documents in effect on the date of notification, to the extent not previously provided?		gamzation's governing	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e	lected	by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If ' organization maintained a close and continuous working relationship with the support					
		_	. ,	2		
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization's					
	during the tax year? If "Yes," describe in Part VI the role the organization's supporte			3		
S	ection E. Type III Functionally-Integrated Supporting Organizations				•	
1	Check the box next to the method that the organization used to satisfy the Integral P	art Tes	t during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
	c The organization supported a governmental entity. Describe in Part VI how yo	ou supp	ported a government entity (see	instru	ctions))
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined the			_		
	substantially all of its activities.	onizatio	on's involvement, one or more	2a		
	b Did the activities described in line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,	" expla	in in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.	these a	ctivities but for the	<u>.</u>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b		
	a Did the organization have the power to regularly appoint or elect a majority of the off	ficers. (directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI .	100157	arrectors, or trustees or each or			
	b Did the organization exercise a substantial degree of direction over the policies, progr					
	supported organizations? If "Yes," describe in Part VI. the role played by the organiz	ation ii		3b		
			Schedule A (Form 99	0 or 9	90-EZ)	2020
	Page 6					
	Tage 0					
Sche	edule A (Form 990 or 990-EZ) 2020					Page 6
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgani	izations			. age o
1				/T) Se	Α	
	instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Cur (opti	rent Yea onal)	ar
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4		4				
5		5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				

שלים א (דטווו ששט טו ששט-בע) צטצט

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				

ofile Dublic Viewal Dand	Objectide 20222	4220240204000 Cubmissism 2022 05 42		TIN: 25 0020754
efile Public Visual Rende	er Dojectia: 20223	1329349304988 - Submission: 2022-05-12 Schedule of Contributors		TIN: 35-0828754 OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury	► Attach to Form 990, 990-EZ, or 990-PF.			2020
Internal Revenue Service Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC			Employer id 35-0828754	entification number
Organization type (chec	k one):			
Filers of:	Section:			

☐ 501(c)() (enter number) organization

Form 990 or 990-EZ

Schedule B (Form 990, 990-EZ,	Sched	lule of Contributors		OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. g <u>ov/Form990</u> for the latest informa	ation.	2020
Name of the organization ART MUSEUM OF GREATER			Employer i	dentification number
LAFAYETTE INC	\ \		35-0828754	1
Organization type (check o	one):			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number)	organization		
	☐ 4947(a)(1) nonexempt ch	aritable trust not treated as a pri	vate foundation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private	foundation		
	☐ 4947(a)(1) nonexempt ch	aritable trust treated as a private	foundation	
	501(c)(3) taxable private	foundation		
General Rule For an organization money or other procontributions.	(7), (8), or (10) organization can n filing Form 990, 990-EZ, or 990 pperty) from any one contributor.	check boxes for both the General check boxes for boxes for both the General check boxes for both the General check boxes for boxes	ar, contributions totaling	\$5,000 or more (in
For an organization under sections 509(received from any or 990, Part VIII, line 1) For an organization under sections 509(received from any or 990, Part VIII, line 1) For an organization during the year, tota purposes, or for the	described in section 501(c)(3) filing form any one contributor. described in section 501(c)(3) filing a)(1) and 170(b)(1)(A)(vi), that che contributor, during the year, to he, or (ii) Form 990-EZ, line 1. Condescribed in section 501(c)(7), (8) I contributions of more than \$1,000 prevention of cruelty to children of the contributions exclusively for religious diagrams, enter here the total contribution olete any of the parts unless the etc., contributions totaling \$5,000	check boxes for both the General P-PF that received, during the year Complete Parts I and II. See instances an	the 33 ¹ / ₃ % support test 990-EZ), Part II, line 13 f (1) \$5,000 or (2) 2% of EZ that received from all table, scientific, literary, and III. EZ that received from all table and such contributions tot year for an exclusively reanization because it received.	\$5,000 or more (in a contributor's total of the regulations, 16a, or 16b, and that the amount on (i) Form on the contributor, or educational on the contributor, aled more than \$1,000. eligious, charitable, etc. eived nonexclusively
For an organization under sections 509(a received from any or 990, Part VIII, line 11 For an organization during the year, tota purposes, or for the For an organization during the year, tota purposes, or for the Caution: An organization the 990-EZ, or 990-PF), but it mor on its Form 990-PF).	described in section 501(c)(3) filical(1) and 170(b)(1)(A)(vi), that che contributor, during the year, to h, or (ii) Form 990-EZ, line 1. Condescribed in section 501(c)(7), (8) contributions of more than \$1,00 prevention of cruelty to children of the contributions of more than \$1,00 prevention of cruelty to children of the contributions exclusively for religious d, enter here the total contribution of the parts unless the etc., contributions totaling \$5,00 at isn't covered by the General Finust answer "No" on Part IV, line, line 2, to certify that it doesn't m	check boxes for both the General Ports of the Complete Parts I and II. See instances of the greater of the Complete Parts I and II. See instances of the greater of the Contributions o	the 33 ¹ /3% support test 990-EZ), Part II, line 13 f (1) \$5,000 or (2) 2% of EZ that received from an table, scientific, literary, and III. EZ that received from an table, scientific, literary, and III. EZ that received from an exclusively reanization because it receives the file Schedule B (Fobox on line H of its Form hedule B (Form 990,	\$5,000 or more (in a contributor's total of the regulations, 16a, or 16b, and that the amount on (i) Form one contributor, or educational one contributor, aled more than \$1,000. eligious, charitable, etc. eived nonexclusively orm 990, a 990-EZ
For an organization under sections 509(a received from any or 990, Part VIII, line 11 For an organization under sections 509(a received from any or 990, Part VIII, line 11 For an organization during the year, tota purposes, or for the For an organization during the year, confilt his box is checked purpose. Don't compreligious, charitable, Caution: An organization the 1990-EZ, or 990-PF), but it mor on its Form 990PF, Part I	described in section 501(c)(3) filial (1) and 170(b)(1)(A)(vi), that che contributor, during the year, to n, or (ii) Form 990-EZ, line 1. Condescribed in section 501(c)(7), (8 I contributions of more than \$1,00 prevention of cruelty to children of the contributions of more than \$1,00 prevention of cruelty to children of the contributions exclusively for religious d, enter here the total contribution plete any of the parts unless the etc., contributions totaling \$5,00 at isn't covered by the General Finust answer "No" on Part IV, line, line 2, to certify that it doesn't more than 100 tice, see the Instructions	check boxes for both the General Ports of the Complete Parts I and II. See instances and	the 33 ¹ /3% support test 990-EZ), Part II, line 13 f (1) \$5,000 or (2) 2% of EZ that received from an table, scientific, literary, and III. EZ that received from an table, scientific, literary, and III. EZ that received from an exclusively reanization because it receives the file Schedule B (Fobox on line H of its Form hedule B (Form 990,	\$5,000 or more (in a contributor's total of the regulations, 16a, or 16b, and that the amount on (i) Form on the contributor, or educational on the contributor, aled more than \$1,000. eligious, charitable, etc. eived nonexclusively orm 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Teliqious, Charitable, etc., Continuutions totaling \$5,000 or			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduc for Form 990, 990-EZ,	ction Act Notice, see the Instructions or 990-PF.	Cat. No. 30613X Page 2	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
Schedule B (Form ! Name of organization ART MUSEUM OF GR LAFAYETTE INC			Employer id 35-0828754	Page 2 entification number
Part I Contributors	Contributors (see instructions). Use duplicate	copies of Part I if additional spa	ice is needed.	
(a) No.	(b) Name, address, and Zi	P + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Zi	P + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Zl	P + 4	(c) Total contributions	(d) Type of contribution
-			<i>\theta</i>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Zi	P + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z	P + 4	(c) Total contributions	(d) Type of contribution
-			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Zi	P + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash

			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash (Complete Part II for noncash
			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	☐ Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2020)

Page 3 —————

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org	janization M OF GREATER	Employer identification r	number
LAFAYETTE I		35-0828754	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		<u> </u>	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

\Box	9	α	\sim	

SCHEDULE D (Form 990)	Supplemen	tal Financial Statements	OMB No. 1545-0047	
	► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2020
Department of the Treasury		Attach to Form 990. 990 for instructions and the latest inf		Open to Public Inspection
Name of the organ			Employer iden	tification number
LAFAYETTE INC			35-0828754	
	zations Maintaining Donor Advi- te if the organization answered "Ye	sed Funds or Other Similar Funds s" on Form 990, Part IV, line 6.	or Accounts.	
		(a) Donor advised funds	(b) Funds a	and other accounts
1 Total number at	end of year			·
2 Aggregate value	of contributions to (during year)			

ObjectId: 202231329349304988 - Submission: 2022-05-12

Aggregate value of grants from (during year)

efile Public Visual Render

TIN: 35-0828754

(Form 990)

efile Public Visual Render

ObjectId: 202231329349304988 - Submission: 2022-05-12

TIN: 35-0828754 OMB No. 1545-0047

SCHEDULE D

Department of the Treasury

Supplemental Financial Statements

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** ART MUSEUM OF GREATER LAFAYETTE INC 35-0828754 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2h b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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, ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items:

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

Cat. No. 52283D Schedule D (Form 990) 2020

/21/23	, 9:17	7 AM		Art Museum Of Gre	ater Lafa	yette	Inc - Full Fili	ng- Nonpi	ofit Explor	rer - ProF	Publica		
Part	III		lizations Maintaining C eete if the organization and					or Othe	r Similar	Assets	3.		
I	histor	organiza ical treas	tion elected, as permitted un ures, or other similar assets ext of the footnote to its fina	der FASB ASC 958, no held for public exhibit	ot to repo	ort in i	ts revenue st or research						า
	histor	ical treas	tion elected, as permitted un ures, or other similar assets ints relating to these items:	der FASB ASC 958, to held for public exhibit	report in ion, educ	n its recation,	evenue stater or research	ment and in further	balance sh ance of pu	neet work blic servi	ce, pro	t, vide th	е
(i)	Reve	nue inclu	ded on Form 990, Part VIII,	line 1					🕨 \$	i			
(ii)	Asset	s include	d in Form 990, Part X						🕨 \$;			
			tion received or held works o ints required to be reported i					for financ	ial gain, pr	rovide the	e		
a l	Reven	nue includ	led on Form 990, Part VIII, li	ne 1					🕨 \$;			
			d in Form 990, Part X · · ·						🕨	\$			
or Pa	perw	vork Red	uction Act Notice, see the	Instructions for Fo	rm 990.		C	Cat. No. 52	2283D S	schedule	D (Fo	rm 99	0) 20
					Dogo 2								
					Page 2								
Schedu	ıle D	(Form 99	0) 2020										Pag
Part :	III_	Organ	izations Maintaining C	ollections of Art,	Histori	cal T	reasures, o	or Othe	Similar	Assets	(conti	nued)	
			nization's acquisition, access	ion, and other records	s, check a	ny of	the following	that are	a significaı	nt use of	its coll	ection	
a	vicems V	Public ex	Il that apply):		d		Loop or ove	hanga nu	aroma				
		Public ex	CHIDICION		_		Loan or exc		-				
b		Scholarly	y research		е		Other					••	
c		Preserva	tion for future generations										
	— Provic Part X	de a desci	ription of the organization's c	collections and explain	how the	y furtl	ner the organ	nization's e	exempt pu	rpose in			
5 i	Durine	g the yea	r, did the organization solicit old to raise funds rather than	or receive donations to be maintained as r	of art, his	storica e orga	l treasures o	r other sin	milar	✓ .			
		line 21 organiza	ete if the organization and the control of the cont	dian or other interme	diary for	contri	butions or ot	her assets	s not		Yes		
b	If "Ye	s," explai	in the arrangement in Part XI	III and complete the f	ollowing	table:				Amour	nt		_
c i	Begin	ning bala	nce					1c					
d,	Additi	ions durin	ig the year					1d					_
e	Distril	butions d	uring the year					1e					_
f	Endin	g balance	2					1f					_
2a	Did th	ne organiz	zation include an amount on	Form 990, Part X, line	21, for 6	escrow	or custodial	account I	iability? .	🗆	Yes		lo
b j	If "Yes	s," explai	n the arrangement in Part XI	II. Check here if the e	explanation	on has	been provid	ed in Part	XIII	\square			
Part	V		vment Funds.										
		Comple	ete if the organization an	swered "Yes" on Fo (a) Current year		Part		years back	(d) Throc	e years bac	-k (a) [our yea	rc had
1a Be	eainni	ina of vea	ar balance	(a) Current year	(6) P	ioi yea	(C) IWO	years back	(u) mee	years bac	K (e) i	our yea	iis bac
	_	outions .											
			earnings, gains, and losses										
			rships										
		expenditu ograms	res for facilities										
f Ad	dminis	strative e	xpenses										
g Er	nd of	year bala	nce										
			cimated percentage of the cu	rrent year end balance	e (line 1g	ı, colu	mn (a)) held	as:					
-		_	lowment 🕨										
-		endowme	ent >										
			es on lines 2a, 2b, and 2c sh	ould equal 100%.									
			wment funds not in the poss	ession of the organiza	ition that	are h	eld and admi	nistered f	or the				
	-	ization by	y: organizations							Γ	3a(i)	Yes	No No
	• •		ganizations			•					3a(ii)		No

Describe in Part XIII the intended uses of the organization's endowment funds.

 \boldsymbol{b} . If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . .

9/21/23, 9:17 AM	Art Mu	useum Of Greater Lat	fayette Inc - F	Full Filing- Nonprofit Explo	orer - ProPublica
e Other expenditures for facilities and programs	es				
f Administrative expenses .					
g End of year balance					
	-	ar end balance (line 1 	g, column (a)) held as:	
c Term endowment ► The percentages on lines 2a		ıal 100%			
3a Are there endowment funds organization by: (i) Unrelated organizations	not in the possession of	of the organization tha	at are held an	d administered for the	Yes No 3a(i) No
(ii) Related organizations b If "Yes" on 3a(ii), are the re	lated organizations liste	ed as required on Scho	edule R? .		3a(ii) No 3b
4 Describe in Part XIII the interpret VI Land, Buildings,		iization's endowment	Tulius.		
Complete if the or	ganization answered			ne 11a. See Form 990,	
Description of property	(a) Cost or other bas (investment)	(b) Cost or othe	r basis (other)	(c) Accumulated depreciati	on (d) Book value
1a Land			7,203		7,203
b Buildings			1,168,552	979,	010 189,542
c Leasehold improvements					
d Equipment			59,187	50,	275 8,912
e Other	L Column (d) must equal i	Form 990, Part X, colu	ımn (B), line	10(c).)	205,657
		Page 3			Schedule D (Form 990) 2020
Schedule D (Form 990) 2020 Part VII Investments - O	ther Securities.				Page 3
	ganization answered ion of security or cated), Part IV, lii (b)	ne 11b.See Form 990,	Part X, line 12.
	ing name of security)	o., y	Book value		of-year market value
(1) Financial derivatives(2) Closely-held equity interests(3)Other					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (b) must equal Form 99	00, Part X, col. (B) line 12.)		•		
	Program Related.				
Complete if the o	rganization answered (a) Description of inve), Part IV, lir	ne 11c. See Form 990, (b) Book value	
	(a) Description of live	Stiffent		(b) book value	Cost or end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					

(I)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	Þ				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990). Part IV. li	ne 11c.	See Form 990. F	Part X	. line 13.
	(a) Description of investment	.,		(b) Book value	(c)	Method of valuation: t or end-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990	, Part IV, lir	ne 11d.	See Form 990, Part	X, lin	
(2)	(a) Description					(b) Book value
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities.	Doub IV III		116 C F (200 5)
1.	Complete if the organization answered 'Yes' on Form 990 (a) Description of liability	, Part IV, III	ie iie i	or 111.See Form S	90, F	(b) Book value
(1) Federal i	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

9/21/23, 9:17 AM	Art Museum Of Greater Latayette Inc - Full Filing- Nonprofit Explore	er - ProPublica
(5)		
(6)		
(7)		
(8)		

ObjectId: 202231329349304988 - Submission: 2022-05-12 efile Public Visual Render TIN: 35-0828754 OMB No. 1545-0047 **SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on 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.

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

Open to Public Inspection

Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC

Part I

(9)

Employer identification number 35-0828754

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- Mail colicitations Calicitation of non advarament grants

efile Public Visual Render

ObjectId: 202231329349304988 - Submission: 2022-05-12

TIN: 35-0828754 OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Department of the Treasury	Complete if the organ	nization answered "Yes" ization entered more tha Attach to Form	Gaming Activion Form 990, Part IV, lines in \$15,000 on Form 990-EZ, in 990 or Form 990-EZ.	17, 18, or 19, or if the line 6a.	2020 Open to Public Inspection
Name of the organization	F Go to w	ww.irs.gov/Form990 for	instructions and the latest i		entification number
ART MUSEUM OF GREATER LAFAYETTE INC				35-0828754	
	-	-		orm 990, Part IV, line	17.
	Z filers are not require organization raised fund	· · · · · · · · · · · · · · · · · · ·	·	v all that apply	
a Mail solicitations	organización raiseu runu	- ,	_	n-government grants	
b Internet and ema	ul solicitations		f Solicitation of gov	_	
c Phone solicitation			g Special fundraisin	_	
d In-person solicita		•	Special fundraisin	ig events	
2a Did the organization or key employees lisb If "Yes," list the 10 h	have a written or oral ag ted in Form 990, Part VII) or entity in connection entities (fundraisers)	on with professional fund	raising services?	′es □ No er is
(i) Name and address of in or entity (fundraise		(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			
Гоtal					
3 List all states in which licensing.	the organization is regist	ered or licensed to sol	licit contributions or has	been notified it is exempt	from registration or
For Paperwork Reduction Ac	ct Notice, see the Instructi		-	. 50083H Schedule G	(Form 990 or 990-EZ) 2020
Schedule G (Form 990 or 9	990-EZ) 2020	—— Pa	age 2 —————		Page 2
				m 990, Part IV, line 18 n 990-EZ, lines 1 and	

gross receipts greater than \$5,000.

9/21/	23, 9:17 AM	Art Museum Of Greater I	Lafayette Inc - Full Filing- N	lonprofit Explorer - ProPul	olica
Tota					
	List all states in which the organization is re	egistered or licensed to so	licit contributions or has l	been notified it is exempt	from registration or
	icensing.			,	
====		=======================================		=======================================	
For F	Paperwork Reduction Act Notice, see the Inst	ructions for Form 990 or 99	90-EZ. Cat. No.	50083H Schedule G	(Form 990 or 990-EZ) 202
		D	2		
		P	age 2 ————		
_	rt II Fundraising Events. Comple	ete if the organization	answered "Yes" on For	m 990 Part IV line 18	Page R or reported more
1 (4	than \$15,000 of fundraising e	vent contributions and			
	gross receipts greater than \$5	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		HEART OF ART FU			(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(3)/
ue					
Revenue					
Re					
	1 Gross receipts	82,639			82,639
	2 Less: Contributions	38,000			38,000
	3 Gross income (line 1 minus	,			·
	line 2)	44,639	<u> </u>	1	44,639
	4 Cash prizes				
ses	_				
benses	6 Rent/facility costs				
Щ	8 Entertainment	4,245			4,24!
Direct	9 Other direct expenses	18,599			18,599
Ω	10 Direct expense summary. Add lines 4 t	·	<u>'</u>		22,84
	11 Net income summary. Subtract line 10				21,79
Pai	t III Gaming. Complete if the orga			IV, line 19, or reported	•
	on Form 990-EZ, line 6a.		ī	1	_
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col.(c))
evel			biligo/progressive biligo		(a) through con.(c))
	1 Gross revenue				
Expenses	2 Cash prizes				
per	3 Noncash prizes				
m #					
Direct	4 Rent/facility costs				
ii	5 Other direct expenses				
	C Valumbaan later:	☐ Yes <u>%</u>	☐ Yes%	☐ Yes%	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	Not coming income common College	bling 7 francisco 1 calina	· ~ / -l\		

9/21/2	3, 9:17 AM	Art Museum Of Greater	_afayette Inc - Full Filing- N	lonprofit Explorer - ProPubli	ica
Re	1 Gross revenue				
nses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				_
Ω	5 Other direct expenses				
	6 Volunteer labor	☐ Yes %☐ No	☐ Yes%	☐ Yes%	
	7 Direct expense summary. Add lines 2	hrough 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizat	on conducts gaming activ	ities.		
a b	Is the organization licensed to conduct g If "No," explain:	aming activities in each o	f these states?		
					I
10a	Were any of the organization's gaming li				
b	If "Yes," explain:				Tes UNO
				Schedule G (F	orm 990 or 990-EZ) 2020
				Schedule G (F	orm 990 or 990-EZ) 2020
		P	age 3 —————	Schedule G (F	orm 990 or 990-EZ) 2020
Scho	dula G (Form 990 or 990-F7) 2020	Р	age 3 ———————————————————————————————————	Schedule G (F	
	dule G (Form 990 or 990-EZ) 2020 Does the organization conduct gaming a				Page 3
Sche 11 12	Does the organization conduct gaming as Is the organization a grantor, beneficiary	ctivities with nonmembers	?	or other entity	Page 3
11	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming?	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity	ctivities with nonmembers or trustee of a trust or a 	?	or other entity	Page 3
11 12 13	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity.	ctivities with nonmembers or trustee of a trust or a cy conducted in:	?	or other entity OF THE STATE OF	Page 3 Yes No Yes No
11 12 13	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity.	ctivities with nonmembers or trustee of a trust or a cy conducted in:	?	or other entity OF THE STATE OF	Page 3

Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC

Employer identification number 35-0828754

Return Reference	Explanation
FORM 990, PAGE 6, PART VI,	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

efile Public Visual Render

ObjectId: 202231329349304988 - Submission: 2022-05-12

TIN: 35-0828754

OMB No. 1545-0047

2020

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

efile Public Visual Render

ART MUSEUM OF GREATER LAFAYETTE INC

Department of the Treasury Internal Revenue Service

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.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

AFAYETTE INC	NE TEX	35-0828754
Return Reference	Explanation	
FORM 990, PAGE 6, PART VI, LINE 6	ANY PERSON MAY BECOME A MEMBER OF THE ASSOCIATION BY PAYING THE ANN GREATER LAFAYETTE, INC FOR THE CLASS OF MEMBERSHIP DESIRED, AS THE SATIME TO TIME BY THE BOARD OF DIRECTORS. ALL PERSONS NOW MEMBERS OF TO BE MEMBERS SO LONG AS THEY COMPLY WITH SAID REGULATIONS AND PAYS	AME MAY BE PRESCRIBED FROM THE ASSOCIATION SHALL CONTINUE
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS OF THE ART MUSEUM OF GREATER LAFAYETTE ELECT THE DIRECTORS	S.
FORM 990, PAGE 6, PART VI, LINE 11B	RETURN REVIEWED BY BOARD PRIOR TO FILING.	
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED ANNUALLY BY THE PERSONNI WELL AS THE EXECUTIVE COMMITTEE.	EL AND FINANCE COMMITTEE AS
FORM 990, PAGE 6, PART VI, I INF 19	DOCUMENTS AVAILABLE UPON REQUEST.	

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Per of to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 35-0828754 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Primary activity Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) Total income End-of-year assets Direct controlling entity	SCHEDULE R	Deleted Owners	Deleted Organizations and Unveloted Doutneyshing										
ART MUSEUM OF GREATER LAFAYETTE INC 35-0828754	(Form 990) Department of the Treasury	► Complete if the organization an	990, Part IV, line 33	or 37.	Open to Public								
(a) Name, address, and EIN (if applicable) of disregarded entity (b) (c) (d) (e) (f) Primary activity Legal domicile (state Total income End-of-year assets Direct controlling	ART MUSEUM OF GREATER					• •	n number						
Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling	Part I Identification	of Disregarded Entities. Complete if the organ	nization answered "Yes	" on Form 990, Part	IV, line 33.								
	Name, address, and			Legal domicile (state			Direct controlling						

ObjectId: 202231329349304988 - Submission: 2022-05-12

TIN: 35-0828754

efile Public Visual Render ObjectId: 202231329349304988 - Submission: 2022-05-12

TIN: 35-0828754

OMB No. 1545-0047

2020

(Form 990) Department of the Treasury

SCHEDULE R

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Internal Revenue	e Service														l	Inspe	ction	
ART MUSEUM	organization OF GREATER	•										Empl	oyer id	entificatio	on numbe	er		
LAFAYETTE IN		C D:				.:			000	D+ T)	/ li 22		328754					
Part I	Identification		ntities. Co	mplete if	the organ	ganization answered "Yes" on Form 990, Part IV, line 33.										(6)		
	Name, address, and	(a) d EIN (if applicable) of disre	garded entity			(b) Primary ac	tivity		(c) lomicile (st eign countr		(d) Total incor	me		e) ear assets		(f) Direct con		
								01 1016	eigii couiiti	у)						entit	у	
Doub TT	Identification	of Doloted Tay Eve			- Compl	ata if the ava	anization	200000	and "Van	' on Fo	OOO	Dowt I\	/ line 2	4 hassus	a it bad		2000	
Part II		of Related Tax-Exe mpt organizations du			is. Compi		amzauom	answer	eu res		111 990,	Part IV	, illie 3	4 Decaus		one or i	nore	
	Name, address, ar	(a) nd EIN of related organization	on		Prima	(b) ary activity	Legal dom	icile (state		(d) pt Code s		Public ch	(e) arity stati		(f) Direct contr	olling	Section	512(b)
							or foreigr	country)			((if section	n 501(c)(3	3))	entity		(13) co ent	
(1)LAFAYETT	E ART ASSOCIATION	FOUNDATIO			ARTS		I	N	501C3		12	2A		NA			Yes	No No
102 SOUTH	LOTH STREET																	
LAFAYETTE, 31-1085558	IN 47901																	
									-									
For Paperv	vork Reduction A	ct Notice, see the Ins	tructions fo	or Form 9	90.		Ca	t. No. 50	0135Y					Sc	hedule R	(Form 9	90) 20	20
				Dage	2													
				— Page														
	(Form 990) 2020																Pag	
Part III		of Related Organiz ated organizations tr						e organ	ization a	answere	ed "Yes"	on For	m 990,	Part IV,	line 34, l	oecause	it had	
		(a)		(b)	(c)	(d)	(e)		(f)	(g)		(h)		(i)	(j)	(I	
	name, add related	dress, and EIN of organization		Primary activity	domicile (state o		Predom income(r unrela	elated,	Share of total income	Share of end-of year		proprtion Ilocation		Code V-UBI amount in box 20 of	man	eral or aging iner?	owne	
					foreign		excluded f	rom tax	income	assets	;			Schedule K- (Form 1065	1	ilei:		
					country	,	512-5				Yes		No	(101111 2005	Yes	No	_	
											163		140		103	110		
					+	+	1	+							1			
Part IV		of Related Organiz								anizatio	n answe	red "Ye	es" on I	Form 990	, Part IV	, line 34		
	(a)		(b))		(c)	(d)	(e))	(f)	-1 0:	(g)	. (h)	6	(i)	(12)
	Name, address, and E related organization		Primary a	ictivity	d	Legal omicile		ontrolling itity	(C corr	p, S	hare of tot income		ire of end of-year assets		entage ership	Sectio	n 512(b) olled ent	(13) ity?
					(state	or foreign ountry)			corp or tru	st)			assets			Yes		No
									1			1				ı	- 1	

9/21/23, 9:17 AM	Art	Museur	n Of Greate	er Latay	ette Inc ·	- Full Fili	ng- Non	profit Exp	orer -	ProPublica			
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	4	· ·					1			Sch	edule R	(Form 9	90) 2020
		Page 3 -											
		. age o											
Schedule R (Form 990) 2020													Page 3
Part V Transactions With Related Orga	nizations. Con	nplete if th	he organizati	on answ	ered "Yes"	on Form	990, Part	IV, line 34,	35b, o	r 36.			
Note. Complete line 1 if any entity is listed in I	Parts II. III. or IV	of this sch	edule.										Yes No
During the tax year, did the organization engage				e or mon	e related on	nanizations	listed in P	arts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) roya											_	1a	No
b Gift, grant, or capital contribution to related or											_	1b	No
c Gift, grant, or capital contribution to related of											-		Yes
											•	1d	No
d Loans or loan guarantees to or for related organization											•	1e	No
e Loans or loan guarantees by related organizati	(۶)ااد								• •			16	140
6 8:11 1 6 11 1 1 1 1 1 1 1												1f	No
f Dividends from related organization(s)									•				No
g Sale of assets to related organization(s)									•			1g	No
h Purchase of assets from related organization(s										•		1h	No
i Exchange of assets with related organization(s)										•		1i	No
j Lease of facilities, equipment, or other assets t	o related organiza	ation(s) .										1j	No
k Lease of facilities, equipment, or other assets	rom related orga	nization(s)										1k	No
I Performance of services or membership or fund	raising solicitatio	ns for relate	ed organizatior	n(s)								11	No
m Performance of services or membership or fund	Iraising solicitatio	ns by relate	ed organizatior	ı(s)								1m	No
n Sharing of facilities, equipment, mailing lists, o	other assets wit	h related o	rganization(s)									1n	No
Sharing of paid employees with related organizers.	ration(s)											10	No
p Reimbursement paid to related organization(s)	for expenses .											1p	No
q Reimbursement paid by related organization(s) for expenses .											1q	No
	•												
r Other transfer of cash or property to related or	ganization(s).											1r	No
s Other transfer of cash or property from related	organization(s)											1s	No
2 If the answer to any of the above is "Yes," see													<u> </u>
	(a)	01 111101111101		oc compic	te tino iiie,	(b)		(c)	4 (141154		(d)		
	ted organization					Transac	tion	Amount involv	ed	Method of de		amount in	volved
(1)LAFAYETTE ART ASSOCIATION FOUNDATIO						type (a	1-S)	72,480	CA:	211			
(1) ENTATE THE ART ASSOCIATION TOUNDATIO								72,400	CA.	311			
													00) 2020
										Sch	edule R	(Form 9	90) 2020
		Page 4 -											
Schedule R (Form 990) 2020													Page 4
Part VI Unrelated Organizations Taxab	le as a Darto	ershin C	nmnlete if the	Organia	ration and	vered "Vo	s" on Forr	n 990 Dar+	IV line	37			. 3
Provide the following information for each entity taxe											ssets or o	gross rev	enue) that
was not a related organization. See instructions regar					maacca m		c percent (51 165 GCC17161C	5 (645.	area by total a		9.000.0	ciide) tiide
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h		(i)		j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income		II partners ection	Share of total	Share of end-of-year	Dispropi ar allocat		Code V-UBI amount in		ral or aging	Percentage ownership
		(state or	(related,	50	1(c)(3)	income	assets	3.1000		box 20		ner?	
	1	foreign country)	unrelated, excluded from	orga	nizations?					of Schedule K-1			1
	1		tax under sections 512-	1						(Form 1065)			1
	1		514)	Yes	No	┪		Yes	No	+	Yes	No	1
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		Page 5 -											
hedule R (Form 990) 2020													Page 5
Part VII Supplemental Information Provide additional information fo		ons on Sch	ndulo P. Soo in	etructions									
Return Reference	responses to quest	OHS OH SCH	edule R. See III	ISLIUCLIOIIS		xplanatio	1						
<u> </u>											Schedu	le R (Forn	n 990) 2020
Additional Data											R	eturn to	o Form

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