efile Public Visual Render ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754 OMB No. 1545-0047

# **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.

**Open to Public** 

	nent of the Revenue	Treasury Service	Go to <u>www.irs.gov/Form990</u> for instructions and the i	atest inform	ation.		Inspection
A F	or the	2021 ca	 alendar year, or tax year beginning 07-01-2021   , and ending 06-30	)-2022			
B Che	ck if app dress cha me chan	licable: ange	C Name of organization ART MUSEUM OF GREATER LAFAYETTE INC		<b>D Employ</b> 35-082		fication number
O Ini	tial retur	'n	Doing business as				
	al return/t nended re	erminated eturn	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephon	ne number	
О Ар	plication	pending	102 SOUTH 10TH STREET		(765) 7	42-1128	1
			City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE, IN 47905		<b>G</b> Gross re	eceipts \$ 5	98,435
I Tax	c-exempt	t status:	F Name and address of principal officer: BRITTANY JONES 102 SOUTH 10TH ST LAFAYETTE, IN 47905  ✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527	<b>H(b)</b> Are al includ	dinates? I subordinat ed?	tes	☐ Yes ☑ No ☐ Yes ☐ No instructions.
J W	ebsite:	.► ww	W.ARTLAFAYETTE.ORG	H(c) Group			
<b>K</b> Forn	n of orga	anization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year of forma	tion: 1952	<b>M</b> State	of legal domicile: IN
Activities & Governance	3 N 4 N 5 To	umber o umber o otal num	s box   s box   f voting members of the governing body (Part VI, line 1a)			3 4 5 6	17 17 12 165
ĕ	<b>7a</b> To	otal unre	elated business revenue from Part VIII, column (C), line 12			7a	C
	<b>b</b> N	et unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	
				Pri	or Year		<b>Current Year</b>
2			ions and grants (Part VIII, line 1h)		398,	_	493,827
Revenue		_	service revenue (Part VIII, line 2g)		30,8	790	63,658
æ			renue (Part VIII, column (A), lines 5, 4, and 70 )		41,		10,91
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		470,0		568,503
	<b>13</b> G	rants ar	nd similar amounts paid (Part IX, column (A), lines 1–3 )			100	1,900
	<b>14</b> B	enefits p	paid to or for members (Part IX, column (A), line 4)				(
88	<b>15</b> S	alaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		213,0	600	236,539
Expenses			nal fundraising fees (Part IX, column (A), line 11e)				10,833
젌			aising expenses (Part IX, column (D), line 25) 10,833		102.	260	244.204
		-	penses (Part IX, column (A), lines 11a-11d, 11f-24e) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		193,: 406,9	_	244,286 493,558
		-	less expenses. Subtract line 18 from line 12		63,0		74,945
Ces	**			Beginning	of Current Y		End of Year
Net Assets or Fund Balances	<b>20</b> To	otal asse	ets (Part X, line 16)		649,3	391	684,822
M B			lities (Part X, line 26)		59,8	855	20,485
žĒ	<b>22</b> N	et asset	s or fund balances. Subtract line 21 from line 20		589,	536	664,337

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

1				Art Museum Of Greater Lafayette Inc - F	un i ming i tom				
&	<b>15</b> 9	Salarie	s, other compensation, employed	e benefits (Part IX, column (A), lines 5-	10)	213,	600		236,539
SUS	16a	6a Professional fundraising fees (Part IX, column (A), line 11e)						10,833	
Expenses	b 1	Total fun	ndraising expenses (Part IX, column (	D), line 25) 10,833	_				
ω.	<b>17</b> (	Other e	expenses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)		193,	260		244,286
				equal Part IX, column (A), line 25)		406,	960		493,558
	<b>19</b> F	Revenu	ue less expenses. Subtract line 1	8 from line 12			058		74,945
See					Begin	ning of Current Y	rear ear	End of Y	ear
Net Assets or Fund Balances	20 7	Total as	ssets (Part X, line 16)			649,	391		684,822
d B			abilities (Part X, line 26)		_		855		20,48
Fun			sets or fund balances. Subtract li		-	589,			664,33
Pa		_	nature Block						.,
nder	penal	Ities of	perjury, I declare that I have ex	camined this return, including accompallete. Declaration of preparer (other tha					
ny ki Sign	nowled		ature of officer			2023-05-08 Date			
lere			TTANY JONES TREASURER						
		Type	e or print name and title	I Dunnanda sisaakuus	Data		DTIN		
<b>.</b>			Print/Type preparer's name	Preparer's signature	Date 2023-05-08	Check $\bigcup$ if	PTIN P00337290		
Paic	are		Firm's name  HUTH THOMPSON	LLP		self-employed Firm's EIN > 35	-2055043		
	Onl								
<i>)</i> 3 C	0111	y	Firm's address PO BOX 970			Phone no. (765)	428-5000		
			LAFAYETTE, IN 47	'9020970					
			ss this return with the preparer seduction Act Notice, see the	shown above? (see instructions) separate instructions.		No. 11282Y	. <b>V</b> Y	es ONO	
				,			. <b>V</b>		
or P		work R		separate instructions.			<b>✓</b> Y		<b>90</b> (2021
or P	<b>aperv</b> 990 (2	<b>work R</b> 2021)		separate instructions.  Page 2			. <b>∨</b> γ		<b>90</b> (2021
orm Par	990 (2	2021) Stat	Reduction Act Notice, see the  tement of Program Servic k if Schedule O contains a respo	separate instructions.  Page 2	Cat.	No. 11282Y	. <b>▽</b> γ		<b>90</b> (2021
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orm Par	990 (2 E III Briefl <sup>o</sup>	2021) Stat Chec	tement of Program Servic  k if Schedule O contains a responsible the organization's mission:  NTER OF ART IN LAFAYETTE, IND	Page 2  Re Accomplishments Onse or note to any line in this Part III  DIANA TO PROMOTE, FOSTER, AND ENG	Cat.	No. 11282Y		Form <b>9</b>	Page 2
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4a	(Code: ) (Expenses \$ 369,457 including grants of \$ 1,900 ) (Revenue \$ ACQUISITION, EXHIBITIONS, PRESERVATION OF WORKS OF ART, AND ART EDUCATION THROUGH VARIOUS CLASSES AND PROGRAMS	63,	658 )	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)		
4e	Total program service expenses ► 369,457			<b>0</b> (2021)
		ŀ	orm 99	<b>0</b> (2021)
	Page 3 ———————————————————————————————————			
	990 (2021) rt IV Checklist of Required Schedules			Page <b>3</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	·	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III 2	8	Yes	
9	complete Schedule D, Part III	9	Yes	No
9	complete Schedule D, Part III		Yes	No
10	complete Schedule D, Part III	9		No
10 11 a	complete Schedule D, Part III	9		No

2 1/2	s, 9. 10 AM Art Museum Of Greater Larayette inc - Full Filling- Nonprofit Explorer - Florus	lica		
,	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	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	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

D	a	a	۵	1

Form 990 (2021) **Checklist of Required Schedules** (continued)

Page 4

			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? If "Yes," complete Schedule J	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		
С	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		

Par	t IV Checklist of Required Schedules (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		
С	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? If "Yes," complete Schedule L, 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? If "Yes," complete Schedule L, Part II	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 the 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 line 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? If "Yes," complete Schedule M	30	Yes	
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? <i>If "Yes," complete Schedule N, Part II</i>	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	
	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13  Enter the number of Forms W-2G included on 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 99	0 (2021)

0/2 1/2	3, 9.10 AM Art Museum Of Greater Lalayette inc - 1 dir 1 illing- Noriprofit Explorer - 1 for ub	ilica			
	organization: 11 Tes, complete scriedule K, Fait V, line 2				
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes		
Pa	rt V 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   13				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0				
c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
		F	orm <b>99</b>	<b>0</b> (2021)	

Page 5 -

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	
За	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)?	4a		No
D	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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		
.0	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			
L1	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			

	1098-C?			7h		No
8	$ \textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \text{Did a donor advised sponsoring organization have excess business holdings at any time during the year?} \ \ \textbf{.} $			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	a 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	d perso	n?	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	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	990 in I	ieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	1	İ			
_		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? $ . $			13a		
h	<b>Note.</b> See the instructions for additional information the organization must report on So Enter the amount of reserves the organization is required to maintain by the states in	chedule 	e O. <b>I</b>			
_	which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax ye	ear? .		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	on in So	chedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000, parachute payment(s) during the year?	,000 in	remuneration or excess	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on r	net inve	estment income?	16		No
	If "Yes," complete Form 4720, Schedule O.					140
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine op that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		engage in any activities	17		
	II res, complete rollii 6009.			F	orm <b>99</b>	<b>0</b> (2021
	Page 6					
_						
	990 (2021)					Page <b>6</b>
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines a lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Schedu	ile O. See instructions.			<b>✓</b>
Se	ction 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	17	,		
	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	17	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed b of officers, directors or trustees, or key employees to a management company or other	y or ur person	nder the direct supervision?	3		No
4	Did the organization make any significant changes to its governing documents since the	prior I	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	anizatio	n'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 members of the governing body?		t or appoint one or more	7a	Yes	
b		-				l
	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?			7b		No
8		٠.		7b		No
	persons other than the governing body?	٠.		7b 8a	Yes	No
	persons other than the governing body?	under	taken during the year by		Yes Yes	No

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	officer, director, trustee, or key employee?		2	I	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?	er the direct supervision	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	a 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?	rs, stockholders, or	7b		No
8	<ul> <li>Did the organization contemporaneously document the meetings held or written actions underta the following:</li> </ul>	ken during the year by			
а	a The governing body?		8a	Yes	
b	<b>b</b> Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	Section B. Policies (This Section B requests information about policies not required by	the Internal Revenue	Code	e.)	
		ı		Yes	No
	a Did the organization have local chapters, branches, or affiliates?		10a		No
b	b If "Yes," did the organization have written policies and procedures governing the activities of suc and branches to ensure their operations are consistent with the organization's exempt purposes	h chapters, affiliates,	10b		
l1a	<b>a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing form?	body before filing the	11a		No
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
L2a	a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests t conflicts?	nat could give rise to	12b		No
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done	If "Yes," describe on	12c		No
L3	Did the organization have a written whistleblower policy?		13		No
L4	Did the organization have a written document retention and destruction policy?		14		No
L5	Did the process for determining compensation of the following persons include a review and app persons, comparability data, and contemporaneous substantiation of the deliberation and decision	roval by independent in?			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	b Other officers or key employees of the organization		15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
L6a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar an taxable entity during the year?	angement with a	16a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to even in joint venture arrangements under applicable federal tax law, and take steps to safeguard the status with respect to such arrangements?		16b		
Sa	Section C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed				
18	IN  Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 95 (1024 or 1024-B), 102 (1024 or 1				
	Own website Another's website Upon request Other (explain in Schedule				
19		,			
20	State the name, address, and telephone number of the person who possesses the organization's   BRITTANY JONES 102 SOUTH 10TH ST LAFAYETTE, IN 47905 (765) 742-1128	books and records:			
	· · · · · · · · · · · · · · · · · · ·		F	orm <b>99</b> 0	<b>0</b> (2021
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orm	m 990 (2021)				Page :
	art VII Compensation of Officers, Directors, Trustees, Key Employees, Highest and Independent Contractors	Compensated Emp	loyee	s,	1 age 2
	Check if Schedule O contains a response or note to any line in this Part VII			_	
Se	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa		<del></del>	<u> </u>	
	Complete this table for all persons required to be listed. Report compensation for the calendar year		e orga	nization <sup>6</sup>	's tax
	r.  List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizat omnepsation. Enter -0- in columns (D), (E), and (E) if no compensation was paid.	ions), regardless of amo	unt		

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

■ List the organization's five current highest compensated employees (other than an officer director trustee or key employee)

▶BRITTANY JONES 102 SOUTH 10TH ST LAFAYETTE, IN 47905 (765) 742-1128

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orm 990 (2	2021)	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)			(C	١			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	pers and	an on on is	e bot bot ecto	t che ox, u h an or/tr	inless office ustee	er )	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W-2/1099-	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/1099- NEC)	MISC/1099- NEC)	related organizations
(1) KENDALL SMITH II EXECUTIVE DI	40.00	Х		х				82,548	0	C
(2) ALBERA BARKER EX-OFFICIO	1.00	Х						0	0	C
(3) JUDITH AUSTIN SECRETARY	1.00	Х		х				0	0	C
(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		x				0	0	C
(11) TERRY STEVICK DIRECTOR	1.00	Х						0	0	C
/12\ DOB THEODODOM	1.00			İ	İ		1			

9/21/23, 9:16 AM	Art Museum O	f Great	er Lafa	yette	Inc - F	-ull F	iling- Nonprofit Exp	lorer - ProPublica	
DIRECTOR	1			ı	1	ı	I		l
(7) CHARYLNE FABI	1.00	.,							
DIRECTOR		Х					0	0	0
(8) ZENEPHIA EVANS	1.00	.,							
DIRECTOR		Х					0	0	0
(9) BARRY LOFTUS	1.00							_	_
VICE PRESIDE		Х		×			0	0	0
(10) BRITTANY JONES	1.00						_	_	_
TREASURER		Х		×			0	0	0
(11) TERRY STEVICK	1.00						_	_	
DIRECTOR		Х					0	0	0
(12) ROB THEODOROW	1.00						_	_	
DIRECTOR		Х					0	0	0
(13) LORIE AMICK	1.00							_	_
PRESIDENT		Х		×			0	0	0
(14) GRAYCE LECHTENBERG	1.00	.,							
EX OFFICIO		Х					0	0	0
(15) LYNNE DIFABIO	1.00	.,							
INTERIM EXEC		Х		×			0	0	0
(16) JESSICA REBMANN	1.00	.,							
DIRECTOR		Х					0	0	0
(17) CHRISTOPHER SHELMON	1.00	.,							
DIRECTOR		Х					0	0	0

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

	T							T.		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle fice	ss pers	son	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(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/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) WALTER WILSON DIRECTOR	1.00	×						0	0	0
(19) GLORIA WEESNER DIRECTOR	1.00	X						0	0	0

9/21/23, 9:16 AM	Art Museum	Of Gre	ater L	afaye	ette I	nc - Fu	ıll Filir	ng- Nonprofit Ex	xplorer - ProPublic	a		
(10)	1.00	х	1				Ī		О	0		(
DIRECTOR							_					
19) GLORIA WEESNER	1.00	Х							0	0		
DIRECTOR							_					
			+			-						
			1	+			-					
			-		$\vdash$							
	<u> </u>											
							_					
1b Sub-Total					•							
c Total from continuation sheets to Part \	/II, Section A				Þ	·						
d Total (add lines 1b and 1c)			•	•	•	•		82,548				
2 Total number of individuals (including but of reportable compensation from the organization)		those li	isted	abov	e) w	ho rec	eived	more than \$10	0,000			
of reportable compensation from the orga	amzacion											
									_		Yes	No
Did the organization list any <b>former</b> offic												
line 1a? If "Yes," complete Schedule J for	such individual		•	•	•		•			3		No
For any individual listed on line 1a, is the organization and related organizations grand individual	sum of reportareater than \$150	ble cor 0,000?	npens If "Ye	satior es," c	n and comp	d other lete So	comp chedul	pensation from le J for such	the			
		•	• •	•	•	•	•			4		No
5 Did any person listed on line 1a receive of services rendered to the organization? If										5		No
Section B. Independent Contractors	5											
1 Complete this table for your five highest										ensa	tion	
from the organization. Report compensat	(A)	iuar ye	ear en	laing	WILLI	or wit	nin tri	e organization	(B)		(C	`
Name and I	business address							Descri	ption of services		Comper	
										_		
										-		
Total number of independent contractors (in compensation from the organization	ncluding but not	limite	d to t	hose	liste	d abov	e) wh	o received moi	re than \$100,000	of		
p										F	orm <b>99</b>	0 (2021)
			Pag	je 9								
Form 990 (2021)												
Part VIII Statement of Revenue												Page <b>S</b>
Check if Schedule O contains a r	acnonce or not	a to an	v line	in +h	ie D	ort \ /!!!						
Check ii Schedule O Contains a f	caponae or note	L to all	,e		115 Pa <b>4)</b>	ait VIII	•	(B)	(C)	Τ.	 (D)	
			То	tal re		ue		elated or	Unrelated		Rever	nue
								exempt function	business revenue		excluded under	l from sections
								evenue	- 4-		512 -	
Federated campaigns 1a				_	_					_		
Contributions,												
Tifts Grants.  Ib Membership dues 1b												
OtherAmt <sub>101,760</sub>												
Anothedraising events 1c												
90,031												
d Related organizations 1d												

Part VIII	Statement of R						
	Check if Schedule	O contains a res	ponse or note to any	/ line in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512 - 514
Federate	ed campaigns	1a		l l	revenue		312 - 314
ntributions							
	ship dues	1b					
herAmt <sub>10</sub> ni <u>lar</u>		ı					
	ing events	1c					
	0,031 organizations	1d					
	ent grants (contributions	) <b>1e</b>					
	1,117 contributions, gifts, grant	ts,					
and simila above	er amounts not included	1f					
	0,919 contributions included in	ı					
lines 1a -	1f:\$	1g					
		<u> </u>					
h Total. A	dd lines 1a-1f						
T			Business Code				1
2a EDUC	ATION INCOME			62,386	62,386		
			713990				
MONT	THLY MEETINGS/LUNCHE	ONS AR	611600	1,164	1,164		
OTHE	R ACTIVITIES INCOME -	ART		108	108		
AC B			713990				
Š							
Program Service Revenue							
go.							
	ther program service	revenue					
	al. Add lines 2a-2f.		63,658				
_	ment income (includ						
similar	amounts)		<b>•</b>	107			10
	ne from investment of						
<b>5</b> Royalt	ies		(ii) Personal				
	I, <u>⊢</u>	(i) Real	(II) Personal				
<b>6a</b> Gros	<u> </u>						
<b>b</b> Less:	: rental						
b Less: expe	rental nses 6b						
b Less expe c Rent or (lo	rental nses 6b al income sss) 6c						
b Less expe c Rent or (lo	rental nses 6b						
b Less: expe c Rent or (lo	rental nses 6b al income or (los	s) (i) Securities	(ii) Other				
b Less. expe c Rent. or (lo d Net	rental nses 6b al income or (los						
b Less expe c Rentior (ld d Net	rental nses al income oss)  for ental income or (los amount sales of s other nventory						
b Less: expe c Rent. or (Id d Net  7a Gross from: asset: than i b Less: other	rental nses al income oss)  for ental income or (los amount sales of s other nventory						
b Less: expe c Rent. or (Id d Net  7a Gross from asset: than i b Less: other	rental nses 6b al income oss) 6c rental income or (los rental income or (los amount sales of s other nventory cost or basis and expenses 7b						

SCHEDULE A **Public Charity Status and Public Support** (Form 990) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** ART MUSEUM OF GREATER LAFAYETTE INC 35-0828754 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a connecative hospital convice organization described in caction 170/h)(1)(A)(iii)

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TIN: 35-0828754 OMB No. 1545-0047

ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754

OMB No. 1545-0047

### **SCHEDULE A** (Form 990)

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

**Open to Public** 

					101 11				Inspection
		ne organiza OF GREATER	tion					Employer identific	ation number
	ETTE IN							35-0828754	
	rt I				<b>us</b> (All organizations tit is: (For lines 1 thro			See instructions.	
1	n garriz		•		sociation of churches	<i>,</i>	,	(A)(i)	
_		•		•			. ,, ,	(A)(I).	
2					1)(A)(ii). (Attach Sch	•			
3		•	•	•	vice organization descr			•	
4			research orga , and state:	nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> 1	L70(b)(1)(A)(iii). E	nter the hospital's
5				d for the benefi mplete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal,	state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	.)(v).	
7		section 17	70(b)(1)(A)	(vi). (Complete		• •		nit or from the genera	al public described in
8			•		170(b)(1)(A)(vi).	•	•		
9		non-land g	rant college o	of agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter	the name, city, a	ind state of the o	college or university:	,
10	✓	from activi investment	ties related to income and	o its exempt fun unrelated busin	(1) more than 331/3% ictions—subject to cert ess taxable income (lemplete Part III.)	ain exceptions, a	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organiz	ation organiz	ed and operated	d exclusively to test for	public safety. S	ee <b>section 509</b>	(a)(4).	
12		more publi	cly supported	l organizations d	d exclusively for the bed described in <b>section 5</b> the type of supportin	09(a)(1) or see	ction 509(a)(2)	). See <b>section 509(a</b>	e purposes of one or a)(3). Check the box
а		Type I. A sorganization	supporting or on(s) the pow	ganization oper er to regularly a	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A	supporting o		ervised or controlled in ation vested in the san				
c					supporting organization ons). <b>You must com</b>				ted with, its
d		Type III r	non-function y integrated.	nally integrated The organization	<b>d.</b> A supporting organi n generally must satisf	zation operated fy a distribution	in connection wit requirement and	th its supported orgar	
e		Check this	box if the org	ganization receiv	t IV, Sections A and ved a written determin integrated supporting	ation from the II		pe I, Type II, Type III	functionally
f	Enter	the number	r of supported	d organizations				<u> </u>	
g					pported organization(				Ī
	(i) N	lame of sup organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgin your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
Tota									
For F	aperv	work Reduc or 990-EZ.	tion Act No	tice, see the Ir	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2021
					Pag	ge 2 ———			
Sche	dule A	(Form 990)	2021						Page <b>2</b>
Pa	rt II	(Compl	ete only if y	ou checked th	rations Described ne box on line 5, 7,	or 8 of Part I o	or if the organi	zation failed to qua	
	ction	If the o		failed to qual	ify under the tests I	isted below, pl	ease complete	Part III.)	

Calendar vear

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1...

Schedule A (Form 990) 2021

Page **3** 

(or fiscal year beginning in)

9 Amounts from line 6. . .

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.

c Add lines 10a and 10b.

11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .
Total support. (Add lines 9, 10c,

555,442 nd 133						
	555,442	677,804	474,426	499,387	596,098	2,803,157
nd	133	735	1,228	1,053	107	3,256
е						
,						
	133	735	1,228	1,053	107	3,256
ess ,						
1	10,588	3,394	1,629	7,778	2,230	25,619
,	566,163	681,933	477,283	508,218	598,435	2,832,032

11, and 12.). .

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

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

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	96.650 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	96.690 %

Section D. Computation of Investment Income Percentage

7 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f)) . . . . . .

16/37

)/21/2	3, 9:16 AM	Art Museum C	Of Greater Lafayett	e Inc - Full Filing	- Nonprofit Explore	r - ProPublica			
	1975.								
С	Add lines 10a and 10b.	133	735	1,228	1,053	10	17		3,256
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain						-		
12	or loss from the sale of capital	10,588	3,394	1,629	7,778	2,23	80		25,619
	assets (Explain in Part VI.)						-		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).	566,163	681,933	477,283	508,218	598,43	5	2,	832,032
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth to	ix year as a sectio	n 501(c)(3) org	ganiza	tion, cl	heck
	this box and <b>stop here</b>								ightharpoons
Se	ction C. Computation of Public S								
15	Public support percentage for 2021 (line		•			15		96	.650 %
16	Public support percentage from 2020 So					16		96	.690 %
Se	ction D. Computation of Investment								
17	Investment income percentage for 202	-			•	17			0 %
18	Investment income percentage from 20	•	•			18			0 %
19a		_		•					
	more than 33 1/3%, check this box and <b>33 1/3% support tests—2020.</b> If the								10 ic
b	not more than 33 1/3%, check this box	•			•			_	10 15
20									
20	<b>Private foundation.</b> If the organization	n did not check a i	box on line 14, 19	a, or 19b, check	this box and see ii	Schedule A			2021
						Schedule A	(10111	. 550)	2021
			Page 4 -						
			—— Page 4 <b>–</b>						
Sche	dule A (Form 990) 2021							F	Page <b>4</b>
Par	t IV Supporting Organizations (Complete only if you checked a box 12b, of Part I, complete Sec 12d, of Part I, complete Sections	box on line 12 of tions A and C. If y	ou checked box 1	ked box 12a, of l 2c, of Part I, com	Part I, complete Sonplete Sonplete Sections A,	ections A and E D, and E. If yo	3. If yo u chec	u chec ked bo	cked ox
Se	ction A. All Supporting Organiza								
								Yes	No
1	Are all of the organization's supported of	organizations listed	d by name in the o	organization's gov	vernina documents	:?			
_	If "No," describe in Part VI how the su	pported organizati	ons are designate						
	describe the designation. If historic and	continuing relatio	nship, explain.				1		
2	Did the organization have any supporte								
	509(a)(1) or (2)? If "Yes," explain in <b>Pa</b>	<b>art VI</b> how the org	ganization determi	ned that the sup	ported organizatio	n was			
	described in section $509(a)(1)$ or $(2)$ .						2		
3a	Did the organization have a supported of	organization descri	ibed in section 50:	1(c)(4), (5), or (	6)? If "Yes," answe	er lines 3b and			
	3c below.						За		
b	Did the organization confirm that each								
	the public support tests under section 5 determination.	09(a)(2)? <i>If "Yes,</i>	" describe in <b>Part</b>	VI when and ho	w the organization	made the			
							3b		
С	Did the organization ensure that all sup				ection 170(c)(2)(E	3) purposes?			
	If "Yes," explain in <b>Part VI</b> what control	ns trie organizatior	i put iii piace to ei	nsure such use.			3с		
4a	Was any supported organization not organization			n supported orga	nization")? If "Yes	" and if you			
	checked box 12a or 12b in Part I, answ	er lines 4b and 4c	pelow.				4a		
b	Did the organization have ultimate cont								
	organization? If "Yes," describe in <b>Part</b> supervised by or in connection with its:			ontrol and discre	tion despite being	controlled or	4b		
С	Did the organization support any foreign			not have an IDS	determination und	or sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes	," explain in <b>Part</b>	VI what controls t	the organization	used to ensure tha				
	to the foreign supported organization w	as used exclusivel	ly for section 170(	c)(2)(B) purpose	S.		4c		
5a	Did the organization add, substitute, or								
	and 5c below (if applicable). Also, provi organizations added, substituted, or rer								
	organization's organizing document aut	horizing such actio							
	amendment to the organizing documen	t).			•		5a		
b	Type I or Type II only. Was any adde	ed or substituted s	upported organiza	tion part of a cla	ss already designa	ted in the			
_	organization's organizing document?	am Alaa	a accompliance of the				5b		
c	<b>Substitutions only.</b> Was the substituti		•	-			5c		
6	Did the organization provide support (w than (i) its supported organizations, (ii)								
	supported organizations, or (iii) other s organization's supported organizations?	upporting organiza	ations that also su				_		

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

			_	_
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 <b>Part VI</b> 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.	40		
<b>-</b> -	, (XX)	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 <b>Part VI</b> , 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			
-	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	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 <b>Part VI</b> .	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting			
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on 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 <b>Part VI</b> .	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			
	the organization had excess business holdings).	10b		
	Schedule A	(Form	າ 990)	2021
	Page 5 ———————————————————————————————————			
	Page 5 ———————————————————————————————————			
Sche	Page 5 ———————————————————————————————————		F	Page <b>5</b>
			F	Page <b>5</b>
	dule A (Form 990) 2021		Yes	Page <b>5</b>
	dule A (Form 990) 2021			
	dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?			
Par 11	dule A (Form 990) 2021  t IV Supporting Organizations (continued)	112		
Par 11 a	dule A (Form 990) 2021  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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
Par 11 a	dule A (Form 990) 2021  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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?	11b		
Par 11 a	dule A (Form 990) 2021  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 on lines 11b and 11c below, the governing body of a supported organization?			
Par 11 a b c	dule A (Form 990) 2021  **Example 10 To 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part**	11b		
Par 11 a b c	dule A (Form 990) 2021  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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b		
Par 11 a b c	dule A (Form 990) 2021  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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion 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,"	11b	Yes	No
Par 11 a b c	dule A (Form 990) 2021 <b>t IV</b> 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  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 <b>Part VI</b> 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	11b	Yes	No
Par 11 a b c	dule A (Form 990) 2021 <b>t IV Supporting Organizations</b> (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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> . <b>Extion B. Type I Supporting Organizations</b> 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 <b>Part VI</b> 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,	11b	Yes	No
Par 11 a b c	dule A (Form 990) 2021 <b>t IV</b> 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  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 <b>Part VI</b> 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	11b	Yes	No
Par 11 a b c	dule A (Form 990) 2021 <b>t IV Supporting Organizations</b> (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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> . <b>Extion B. Type I Supporting Organizations</b> 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 <b>Part VI</b> 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,	11b 11c	Yes	No
Par 111 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on 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.  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	11b 11c	Yes	No
Par 111 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on 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.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11b 11c	Yes	No
Par 111 a b c Se 1	tive 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on 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.  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(s) that operated, supervised or controlled the supporting organization.	11b 11c	Yes	No
Par 111 a b c Se 1	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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion 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	11b 11c	Yes	No
Pan  11  a  b  c  See  1	dule A (Form 990) 2021  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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Cition 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.	11b 11c	Yes	No
Par 111 a b c Se 1	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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Indiction 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 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? 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.  In Part VI how providing or trustees of each 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 organization(s)? If "No," describe in Part VI how control or management of the	11b 11c	Yes	No
Pan  11  a  b  c  See  1	tive 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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Incition 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.  Extended to the purposes of the organization organization of the tax year also a majority of the directors or trustees of	11b 11c	Yes	No
111 a b c C See 1	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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Indiction 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 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? 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.  In Part VI how providing or trustees of each 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 organization(s)? If "No," describe in Part VI how control or management of the	11b 11c	Yes	No
111 a b c C See 1	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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Inticion 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 for the organization's activities. 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? 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 was vested in the same persons that controlled or managed the supported organization(s).	11b 11c	Yes	No
111 a b c C See 1	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 on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Inticion 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 for the organization's activities. 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? 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 was vested in the same persons that controlled or managed the supported organization(s).	11b 11c	Yes	No

9/21/	23, 9:16 AM Art Museum Of Greater Lafayette Inc - Ful	ll Filing	- Nonprofit Explorer - ProPublica	ı		
	remove directors or trustees were allocated among the supported organizations and applied to such powers during the tax year.	what co	onditions or restrictions, if any,	1		
2	Did the organization operate for the benefit of any supported organization other than operated, supervised, or controlled the supporting organization? If "Yes," explain in Facarried out the purposes of the supported organization(s) that operated, supervised organization.	Part VI	how providing such benefit	2		
	oction C. Type II Supporting Organizations					
	ection C. Type II 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 <b>Part VI</b> has supporting organization was vested in the same persons that controlled or managed to the same persons that the same persons that th	w contr	ol or management of the	1		
S	ection D. All Type III Supporting Organizations				1	1
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of 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.	ing the f the oi	prior tax year, (ii) a copy of the	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e 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	"No," e	xplain in <b>Part VI</b> how the	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 during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	ation's	income or assets at all times	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 <b>line 2</b> below.					
	<b>b</b> The organization is the parent of each of its supported organizations. Complet	e line	<b>3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	ou sup <sub>l</sub>	ported a government entity (see	e 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 supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purposes are supported organizations, and how the organization determined the supported organizations.	Part I	VI identify those supported how the organization was			
	substantially all of its activities.			2a		
	b Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in organization's involvement.	" expla	in in <b>Part VI</b> the reasons for	26		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			2b		
	<ul> <li>Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.</li> </ul>	ficers,	directors, or trustees of each of	За		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?					
	supported organizations: If Tes, describe in <b>Part VI.</b> the Tole played by the organiz	Zation		3b		
			Schedule A	(Forr	n 990)	2021
	Page 6					
Sch	edule A (Form 990) 2021				ı	Page <b>6</b>
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiz	ust on	Nov. 20, 1970 (explain in <b>Part</b> I	<b>VI</b> ). <b>Se</b>	ee	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Cur	rent Yea ional)	ar
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				

1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	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		
$\overline{}$	Advised Not Transport (subtract lines C. C. and 7 from line 4)			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1		1	(A) Prior Year	
1	Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short		(A) Prior Year	
1 a	Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	(A) Prior Year	
1 a	Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities	1 1a	(A) Prior Year	
1 a b	Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances	1 1a 1b	(A) Prior Year	
1 a b	Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets	1 1a 1b 1c	(A) Prior Year	
1 a b	Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	1 1a 1b 1c	(A) Prior Year	

efile Public Visual Rend	r ObjectId: 202311359349306	821 - Submission: 2023-05-15		TIN: 35-0828754
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047
(Form 990)  Department of the Treasury Internal Revenue Service  Attach to Form 990, 990-EZ, or 990-PF.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.				2021
Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC			<b>Employer id</b> 35-0828754	entification number
Organization type (chec	cone):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter numbe	r) organization		

efile Public Visual Render	ObjectId: 20231135934930	06821 - Submission: 2023-05-15		TIN: 35-0828754			
Schedule B	Sch	edule of Contributors		OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service		ich to Form 990, 990-EZ, or 990-PF. irs.gov/Form990 for the latest information.		2021			
Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC			<b>Employer i</b> 35-0828754	dentification number			
Organization type (check o	ne):		133 0020734				
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter numb	per) organization					
	4947(a)(1) nonexempt	charitable trust <b>not</b> treated as a private for	undation				
	☐ 527 political organizati	on					
Form 990-PF	☐ 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation						
under sections 509(a received from any or 990, Part VIII, line 1h  For an organization of during the year, total purposes, or for the purposes, or for the purposes during the year, continuing the ye	(1)(1) and 170(b)(1)(A)(vi), that the contributor, during the year to contributor, during the year to contributions of more than \$ contributions of more than \$ corevention of cruelty to childresseribed in section 501(c)(7) ributions exclusively for religions.	of filing Form 990 or 990-EZ that met the 33 to checked Schedule A (Form 990 or 990-EZ; total contributions of the greater of (1) \$5 Complete Parts I and II.  1, (8), or (10) filing Form 990 or 990-EZ that 1,000 exclusively for religious, charitable, seen or animals. Complete Parts I, II, and III.  1, (8), or (10) filing Form 990 or 990-EZ that 1,000, charitable, etc., purposes, but no such the such that were received during the year form.	Z), Part II, line 13, 0,000 or (2) 2% of at received from an ecientific, literary, out to received from an an contributions total.	ny one contributor, or educational  ny one contributor, or educational  ny one contributor, aled more than \$1,000.			
purpose. Don't comp religious, charitable, <b>Caution:</b> An organization tha 990-EZ, or 990-PF), but it <b>m</b>	lete any of the parts unless thetc., contributions totaling \$5 at isn't covered by the General ust answer "No" on Part IV, li	ne <b>General Rule</b> applies to this organization,000 or more during the year	on because it rece \$ e Schedule B (For line H of its Form	rm 990,			
For Paperwork Reduction Act No for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X	Sc Sc	hedule B (Form 990) (2021)			
		Page 2 ————					
Schedule B (Form 990) (202	1)		Page <b>2</b>				

Name of organization
ART MUSEUM OF GREATER

Employer identification number 35-0828754

**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 Reduct for Form 990, 990-EZ,	tion Act Notice, see the Instructions or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2021)
	Page 2 —		
Schedule B (Form 9	990) (2021)	Page	<b>2</b>
Name of organization ART MUSEUM OF GRI LAFAYETTE INC	n	-	entification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.)  (d)  Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	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 Noncash (Complete Part II for 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 Noncash

			(Complete Fart II for Horicasi)
(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
		\$	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)

Page 3 —————

	3 (Form 990) (2021)		Page 3
Name of org	ganization IM OF GREATER	Employer identification n	umber
LAFAYETTE	INC	35-0828754	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is need		
(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
-		<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
		<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
-		\$	

Schedule B (Form 990) (2021)

_			
D	2	a	

SCHEDULE D (Form 990)	Supplemen	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	2021 Open to Public Inspection			
Name of the organiz ART MUSEUM OF GREATER LAFAYETTE INC			<b>Employer ide</b> 35-0828754	entification number
	ations Maintaining Donor Advise if the organization answered "Yes	sed Funds or Other Similar Fund s" on Form 990, Part IV, line 6.	s or Accounts.	
1 Total number at er	nd of year	(a) Donor advised funds	(b) Fund	s and other accounts
1 Total number at er	nd of year	(a) Donor advised funds	(b) Fund	s and other account

ObjectId: 202311359349306821 - Submission: 2023-05-15

Aggregate value of contributions to (during year)

efile Public Visual Render

TIN: 35-0828754

(Form 990)

efile Public Visual Render

ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754 OMB No. 1545-0047

**SCHEDULE D** 

# **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.

**Open to Public** 

Department of the Treasury

Interna	Il Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the latest	informatio	n.	Ins	spection
	me of the organ			Emp	loyer ider	ntification	number
	AYETTE INC				828754		
Pa		izations Maintaining Donor Advisete if the organization answered "Yes		ds or Acc	ounts.		
	СОПРІС	research answered res	(a) Donor advised funds		(b) Funds	and other a	accounts
1	Total number at	end of year					
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor advisor property, subject to the organization's exc			unds are th		Yes 🗌 No
6	charitable purp	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or for any other purpo	ose conferri	d only for ng imperm	nissible	
Day		rvation Easements.		•			Yes ∪ No
Pal		ete if the organization answered "Yes	s" on Form 990, Part IV, line 7.				
1		onservation easements held by the orgar					
	Preservati	on of land for public use (e.g., recreation	or education) Preservation of	of an histori	cally impor	rtant land a	rea
	Protection	of natural habitat	☐ Preservation o	of a certified	d historic s	tructure	
	Preservati	on of open space					
2	Complete lines	2a through 2d if the organization held a	qualified conservation contribution in th	ne form of a	conservati	ion	
		ne last day of the tax year.		, [	Held at	the End o	f the Year
а		conservation easements		2a			
b	_	estricted by conservation easements		<u> </u>			
С		ervation easements on a certified historic	• • •	2c			
d		ervation easements included in (c) acquir in the National Register	red after 7/25/06, and not on a historic	2d			
3	Number of constax year	servation easements modified, transferred	d, released, extinguished, or terminated	d by the org	janization (	during the	
4	Number of state	es where property subject to conservation	n easement is located 🕨				
5	Does the organ	ization have a written policy regarding th	e periodic monitoring, inspection, hand	lling of viola	tions,		
	and enforcemen	nt of the conservation easements it holds	?			☐ Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforci	ng conserva	ition easen	nents during	g the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing co	nservation	easements	during the	year
8	Does each cons	servation easement reported on line 2(d)	above satisfy the requirements of secti	on 170(h)(4			
		O(h)(4)(B)(ii)?				☐ Yes	□ No
9	balance sheet,	scribe how the organization reports conso and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization's financial				
Par	Comple	izations Maintaining Collections ete if the organization answered "Yes	s" on Form 990, Part IV, line 8.				
1a	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial stateme	ic exhibition, education, or research in				
b	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:	ic exhibition, education, or research in	furtherance	of public s	service, prov	vide the
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1			<b>▶</b> \$		
(i	i)Assets included	d in Form 990, Part X			. ▶\$		
2		cion received or held works of art, historic nts required to be reported under FASB A		financial g	ain, provide	e the	
а	Revenue include	ed on Form 990, Part VIII, line 1			. 🕨 \$		
b		in Form 990, Part X · · · · · · ·			<b>▶</b> \$		
For I	Paperwork Redi	uction Act Notice, see the Instruction	s for Form 990. Cat.	. No. 52283	D Sche	dule D (Fo	rm 990) 2021

/21/2	23, 9:16 AM		Art Museum Of Gre	eater Lat	ayette In	c - Full Filin	g- Nonpr	ofit Explore	r - ProPubl	lica	
Par	t III Organizations Maint Complete if the organi						r Othei	Similar <i>I</i>	Assets.		
la	If the organization elected, as per historical treasures, or other sim Part XIII, the text of the footnot	ermitted und nilar assets h	er FASB ASC 958, n eld for public exhibit	ot to rep tion, edu	ort in its cation, o	revenue sta r research i	atement a n further	and balance ance of pub	sheet worl lic service,	ks of art, provide, ir	<del></del> າ
b	If the organization elected, as pen historical treasures, or other sim following amounts relating to the	ermitted und nilar assets h	er FASB ASC 958, to	report i	n its reve	enue statem					e
(	(i) Revenue included on Form 990,		ne 1					▶\$			
	ii)Assets included in Form 990, Pa							_			
2	If the organization received or h	eld works of	art, historical treasu	ires, or o	ther sim	ilar assets f		-	vide the		
	following amounts required to be										
а	Revenue included on Form 990,							-			
b or E	Assets included in Form 990, Par Paperwork Reduction Act Notice							-	hodula D	/Earm 99	0) 20
JI F	raperwork Reduction Act Notic	e, see the I	instructions for Fe	1111 990	•	Co	at. NO. 32	22030 30	illedule D	(FOITH 99	0) 20
				Page 2							
cho	dula D (Form 000) 2021										_
	dule D (Form 990) 2021  t III Organizations Maint	taining Co	llactions of Art	Histori	cal Tro	asuros o	r Othou	· Similar /	Assats (c	ontinued)	Page
1 3	Using the organization's acquisit										
	items (check all that apply):	,	.,		_			9			
а	✓ Public exhibition			d		oan or exch	ange pro	grams			
b	Scholarly research			е		Other					
С	Preservation for future ger	nerations									
ļ	Provide a description of the orga Part XIII.	inization's co	llections and explair	n how the	ey furthe	r the organi	zation's e	exempt purp	ose in		
•	During the year, did the organiza assets to be sold to raise funds r								Yes	. n	lo
.a	Is the organization an agent, tru included on Form 990, Part X? .								☐ Yes	5 O N	lo
b	If "Yes," explain the arrangemen		•	_					Amount		_
۲ C	Beginning balance						1c 1d				_
d	Additions during the year						1e				_
f	Distributions during the year Ending balance						1f				_
	Did the organization include an a						a cocumt l	inhilitu?		. O N	_
la b	If "Yes," explain the arrangemen							-		5 U N	10
	rt V Endowment Funds.	it iii i dit XIII	Check here ii the t	ехріанас	on nas b	een provide	d III Tare	XIII	<u></u>		
	Complete if the organ	ization ansv									
_	Designing of complete		(a) Current year	(b) F	rior year	(c) Two	years back	(d) Three y	/ears back (	(e) Four yea	rs back
	Beginning of year balance Contributions										
	Net investment earnings, gains, a	nd losses									
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
	Administrative expenses										
_	End of year balance			/!: 4		( ) )					
<u>.</u> a	Provide the estimated percentag Board designated or quasi-endor		ent year end balanc	e (line 1	g, columi	n (a)) neid a	as:				
b	Permanent endowment	••••••									
c	Term endowment										
	The percentages on lines 2a, 2b,		ıld equal 100%.								
3a	Are there endowment funds not organization by:	in the posses	ssion of the organiza	ation tha	t are held	d and admir	istered f	or the		Yes	No
	(i) Unrelated organizations .								3a		No
	(ii) Related organizations								3a(		No

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

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

9/21/23, 9:16 AM	Ar	t Museum Of G	Greater Lafay	ette Inc -	Full Filing- Nonpr	ofit Explorer - I	ProPublica	
e Other expenditures for faciliti and programs	es							
<b>f</b> Administrative expenses .								
${f g}$ End of year balance	[							
<ul><li>2 Provide the estimated perce</li><li>a Board designated or quasi-e</li></ul>	-	t year end bala	nce (line 1g,	column (	(a)) held as:			
<b>b</b> Permanent endowment ▶								
c Term endowment								
The percentages on lines 2a  3a Are there endowment funds organization by:			ization that a	re held a	and administered f	or the	Ye	es No
(i) Unrelated organizations							3a(i)	No
(ii) Related organizations							3a(ii)	No
<ul><li>b If "Yes" on 3a(ii), are the re</li><li>4 Describe in Part XIII the interest</li></ul>	•	•					3b	
Part VI Land, Buildings,			idowinent rui	ius.				
Complete if the or	ganization answe	red "Yes" on						
Description of property	(a) Cost or other (investment		Cost or other ba	asis (other	(c) Accumulated	depreciation	(d) Book v	alue
<b>1a</b> Land				7,20				7,203
<b>b</b> Buildings				1,168,55	2	1,045,564		122,988
c Leasehold improvements				59,18				59,187
<ul><li>d Equipment</li><li>e Other</li></ul>				39,10	·/			39,167
Total. Add lines 1a through 1e. (C	Column (d) must eg	ual Form 990, F	Part X, colum	n (B), lin	e 10(c).)	<b>•</b>		189,378
Schedule D (Form 990) 2021			- Page 3 <i>-</i>					Page <b>3</b>
Part VII Investments - O	ther Securities.							
Complete if the or	ganization answe		Form 990, I			m 990, Part 3		
	ing name of security			(b) Book value	Cost	or end-of-year		
<ul><li>(1) Financial derivatives</li><li>(2) Closely-held equity interests</li><li>(3)Other</li></ul>			: : :					
(A)								
(B)								
(C)								
(D) (E)								
(F)								
(G)								
(H)								
Total. (Column (b) must equal Form 99	On Part Y col (R) line	12.)						
Part VIII Investments - P Complete if the or	Program Related	i.	Form 990. I	Part IV.	line 11c. See Fo	rm 990. Part	X. line 13.	
	Description of inves		101111 3307 1	uic I V	(b) Book value	<b>(c)</b> Me	thod of valuati d-of-year mark	
(1)							,	
(2)								
(3)								
(4)								
(5)								

PaitA							
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.							
1.	(a) Description of liability	(b) Book value					
(1) Feder	al income taxes						
PREPAID I	DUES - ART LEAGUE	15					

9/21/23, 9:16 AM	Art Museum Of Greater Lafayette Inc - Full Filing- Nonprofit Explorer - ProPublica						

ObjectId: 202311359349306821 - Submission: 2023-05-15

**SCHEDULE G** (Form 990)

# **Supplemental Information Regarding** 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.

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

TIN: 35-0828754 OMB No. 1545-0047

**Open to Public** 

Inspection

35-0828754

Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC

> 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.

Colicitation of non government grants Mail colicitations

ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754

**SCHEDULE G** (Form 990)

# **Supplemental Information Regarding**

OMB No. 1545-0047

1 om 330)	Func Complete if the organization organization	2021 Open to Public			
Department of the Treasury Internal Revenue Service	Go to www		990 or Form 990-EZ. instructions and the latest i	nformation.	Inspection
Name of the organization NRT MUSEUM OF GREATER AFAYETTE INC					identification number
	g Activities. Complete if	-		orm 990, Part IV, lin	e 17.
	Z filers are not required t	·			
_	organization raised funds the	· .			
a Mail solicitations		•	_	n-government grants	
<b>b</b> Internet and ema	il solicitations	f	Solicitation of gov	vernment grants	
<b>c</b> Phone solicitation	S	g	Special fundraising	g events	
<b>d</b> In-person solicita	tions				
	have a written or oral agree ted in Form 990, Part VII) o				Yes No
	ighest paid individuals or en it least \$5,000 by the organi		pursuant to agreements	under which the fundra	aiser 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			
3 List all states in which licensing.	the organization is registere	ed or licensed to sol	icit contributions or has	Leen notified it is exem	pt from registration or
or Panerwork Reduction A	t Notice, see the Instructions	s for Form 990 or 99	0-F7 Cat No.	. 50083H	Schedule G (Form 990) 2021
o. Tapel Work Reduction A				. 5500511	2011 270 2021
Schodulo C (Form 000) 30	21	— <del>——</del> Ра	ge 2 ————		Da 1
Schedule G (Form 990) 20  Part II Fundraisir	g <b>Events.</b> Complete if t	he organization a	nswered "Yes" on For	m 990. Part IV. line	Page 2

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

gross receipts greater than \$5,000.

9/21/	23, 9:16 AM	Art Museum Of Greater I	_afayette Inc - Full Filing- N ı	lonprofit Explorer - ProPub	lica
Tota	<u> </u>				
3	List all states in which the organization is re	egistered or licensed to so	<u>I</u> licit contributions or has b	peen notified it is exempt f	rom registration or
l	licensing.				
====					
For F	Paperwork Reduction Act Notice, see the Inst	ructions for Form 990 or 99	OO-EZ. Cat. No.	50083H <b>S</b> c	chedule G (Form 990) 202
		P.	age 2 ————		
Caha	odulo C (Form 000) 2021				Page
-	rt II Fundraising Events. Comple	ete if the organization	answered "Yes" on Fori	m 990, Part IV, line 18	Page , or reported more
	than \$15,000 of fundraising e gross receipts greater than \$		gross income on Form	n 990-EZ, lines 1 and 6	b. List events with
	gross receipts greater than \$5	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		HEART OF ART FU	ART LEAGUE FASH	1	(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
Revenue					
eve					
a					
	1 Gross receipts	78,558	16,556	7,657	102,771
	2 Less: Contributions	60,183	16,556		76,739
	Gross income (line 1 minus line 2)	18,375		7,657	26,032
	4 Cash prizes	,		·	,
"	5 Noncash prizes				
penses	6 Rent/facility costs				
	7 Food and beverages	9,954			9,954
ă Ш	8 Entertainment				
Direct	9 Other direct expenses	4,712	4,549	179	9,440
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			19,394
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	6,638
Pai	rt III <b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
е	on roini 990-L2, line oa.				
enn		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul><li>(d) Total gaming (add col</li><li>(a) through col.(c))</li></ul>
Revenue	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Ω					
Direct	4 Rent/facility costs				
	5 Other direct expenses				
		☐ Yes %	☐ Yes%	☐ Yes%	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	- Nat coming income common College	bline 7 frame line 1 - edi	~ (4)		

9/21/2	23, 9:16 AM	Art Museum Of Greater	Lafayette Inc - Full Filing- N	Nonprofit Explorer - ProPub	blica
Re	1 Gross revenue				
Direct Expenses	2 Cash prizes				
Expe	3 Noncash prizes				
ect	4 Rent/facility costs				
ä	5 Other direct expenses				
	<b>6</b> Volunteer labor	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	
	7 Direct expense summary. Add lines 2 t	chrough 5 in column (d)		•	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	ın (d)	<u> </u>	
9 a b	Enter the state(s) in which the organization licensed to conduct guide in the organization licensed to conduct guide in the conduct guide gui	aming activities in each of	f these states?		
10a b	Were any of the organization's gaming lid				
	If "Yes," explain:				
	If "Yes," explain:				
b	If "Yes," explain:				
b	If "Yes," explain:		age 3	Schedule G (I	Form 990) 2021
Sche	If "Yes," explain:	ctivities with nonmembers	age 3	Schedule G (I	Page 3
Sche 11	dule G (Form 990) 2021  Does the organization conduct gaming act is the organization a grantor, beneficiary	ctivities with nonmembers or trustee of a trust or a	age 3	Schedule G (I	Form 990) 2021 Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3
Sche 11 12	dule G (Form 990) 2021  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	age 3	Schedule G (I	Page 3

efile Public Visu	al Render	ObjectId: 20	02311359349306821 -	· Submission: 2023-0	5-15	TIN: 35-0828754			
SCHEDULE M		N	loncash Contri	hutions		OMB No. 1545-0047			
(Form 990)	2021								
Department of the Treasury Internal Revenue Service  PGo to www.irs.gov/Form990 for the latest information.  Open Ins									
Name of the organiza ART MUSEUM OF GREATE					Employer iden	tification number			
LAFAYETTE INC	-10				35-0828754				
Part I Types	of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash c	(d) d of determining ontribution amounts			

ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754 OMB No. 1545-0047

SCHEDULE M (Form 990)

## Noncash Contributions

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

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC 35-0828754 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 18 Art—Works of art . . Χ Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household 5 goods . . . . . . 6 Cars and other vehicles . . Boats and planes . . . . 7 Intellectual property . . . 8 9 Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . Securities—Miscellaneous . . Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . Historical artifacts . . . 22 Scientific specimens . . 23 24 Archeological artifacts . . 25 Other ▶ ( \_\_ Other ► ( \_ 26 27 Other ▶ ( \_ 28 Other ▶ ( \_ 29 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt . . . . . 30a No **b** If "Yes," describe the arrangement in Part II. 31 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? . . . .

efile Public Visual Render

**b** If "Yes," describe in Part II.

describe in Part II.

ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

No

	purposes for the entire holding period?	30a	No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754
OMB No. 1545-0047

SCHEDULE O (Form 990)

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.

2021

Open to Public Inspection

Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC

**Employer identification number** 

35-0828754

	33-0020/34
Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	ANY PERSON MAY BECOME A MEMBER OF THE ASSOCIATION BY PAYING THE ANNUAL DUES OF THE ART MUSEUM OF GREATER LAFAYETTE, INC FOR THE CLASS OF MEMBERSHIP DESIRED, AS THE SAME MAY BE PRESCRIBED FROM TIME TO TIME BY THE BOARD OF DIRECTORS. ALL PERSONS NOW MEMBERS OF THE ASSOCIATION SHALL CONTINUE TO BE MEMBERS SO LONG AS THEY COMPLY WITH SAID REGULATIONS AND PAY SAID REGULAR MEMBERSHIP DUES.
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS OF THE ART MUSEUM OF GREATER LAFAYETTE ELECT THE DIRECTORS.
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 PERSONNEL AND FINANCE COMMITTEE AS WELL AS THE EXECUTIVE COMMITTEE.
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS AVAILABLE UPON REQUEST.
FORM 990, PART IX	SPEAKER GIFTS/FEE EXPENSE 250 0 0 CONTRACT LABOR 10,152 0 0 ART INSTRUCTOR PAY 39,249 0 0 TOTAL 49,651 0 0

SCHEDULE R  Polytod Organizations and Unrolated Partnerships	OMB No. 1545-0047		
(Form 990)  Related Organizations and Unrelated Partnerships  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	2021		
	Open to Public Inspection		
Name of the organization ART MUSEUM OF GREATER LAFAYETTE INC  Employer identification numl 35-0828754	nber		
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.			
Name, address, and EIN (if applicable) of disregarded entity  (b)  Primary activity  (c)  Legal domicile (state or foreign country)  Total income  End-of-year assets	(f) Direct controlling entity		

efile Public Visual Render ObjectId: 202311359349306821 - Submission: 2023-05-15

TIN: 35-0828754

### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

Internal Revenu	e Service															I	Inspec	CCIOII	
Name of the ART MUSEUM	e organization OF GREATER											Em	ployer id	entifica	tion	numbe	r		
LAFAYETTE IN												•	0828754						
Part I	Identification of Disrega	arded E	<b>ntities.</b> Co	mplete if t	he organi		ered "Yes	" on For		Part IV		3.							
	(a) Name, address, and EIN (if applicat	ole) of disre	garded entity			<b>(b)</b> Primary ac	tivity	Legal do or forei	(c) omicile (sta gn country	ate y)	(d) Total inc	ome		( <b>e)</b> year asset	ts	С	(f) Direct cont entity	trolling y	
Part II	Identification of Related related tax-exempt organiza				. Comple	te if the org	anization	answere	ed "Yes"	on For	m 990	Part	IV, line 3	34 beca	use	it had o	ne or n	nore	
	(a) Name, address, and EIN of related				Primai	(b) ry activity	Legal domi or foreign	cile (state	Exem	<b>(d)</b> pt Code s	ection		(e) charity station 501(c)(		Dir	(f) rect contro entity	lling	Section (13) cor enti	512(b) ntrolled ty?
(1)LAFAYETT	TE ART ASSOCIATION FOUNDATIO 10TH STREET				ARTS		II	N	501C3			12A		NA				Yes	No
LAFAYETTE, 31-1085558																			
For Paperv	work Reduction Act Notice, see	e the Ins	tructions fo				Cat	. No. 501	135Y					:	Sche	edule R	Form 9	90) 20	21
Schedule R	(Form 990) 2021			— Page 2														Pag	a <b>7</b>
	Identification of Related one or more related organiz							e organi:	zation a	nswere	d "Yes	on F	orm 990	, Part I	V, lir	ne 34, b	ecause		
	(a) Name, address, and EIN of		catea as a	(b) Primary	(c) Legal	(d) Direct	(e) Predomi		(f) Share of	(g) Share o	e D	(h)		(i) Code V-	LIRT	(j Gener		(I	r) ntage
	related organization			activity	domicile (state or foreign country)	controlling entity	income(re unrelat excluded fr under se 512-5	elated, ed, rom tax ctions	total income	end-of- year assets		allocati		amount box 20 Schedule (Form 10	of K-1	mana partr	iging	owne	
							312 3.	14)			Y	es	No			Yes	No		
																			_
				_															
Part IV	<b>Identification of Related</b> because it had one or more		organizatio	ns treated	as a corp	oration or t	rust durin	g the ta	x year.			ered '	'Yes" on						
	(a) Name, address, and EIN of related organization		(b) Primary a	activity	do	(c) egal micile	Direct co	i) introlling tity	(e) Type of e (C corp	entity S o, S	(f) hare of to income		(g) hare of end of-year	i- Pe	(h) ercen wner	) itage ship	Section	(i) n 512(b) olled enti	(13) ty?
					(state	or foreign untry)			corp or tru	st)			assets			F	Yes		No

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Part V Transactions With Related Orga	nizations. Con	nplete if th	he organizati	on answe	ered "Yes"	on Form	990, Part	IV, line 34,	35b, o	or 36.			
Note. Complete line ${\bf 1}$ if any entity is listed in	Parts II, III, or IV	of this sch	edule.										Yes No
1 During the tax year, did the organization engage	in any of the follo	owing trans	actions with or	e or more	e related or	ganizations	listed in Pa	arts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) roya	Ities, or (iv) rent	from a con	trolled entity .									1a	No
<b>b</b> Gift, grant, or capital contribution to related o	rganization(s) .											1b	No
c Gift, grant, or capital contribution from related	organization(s)											1c	Yes
d Loans or loan guarantees to or for related org	anization(s) .											1d	No
e Loans or loan guarantees by related organizat	ion(s)											1e	No
_ , ,												H	-
<b>f</b> Dividends from related organization(s)												1f	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
										•		1j	No
j Lease of facilities, equipment, or other assets	.o related organiza	ation(s) .							• •			-7	
I	f											1k	No.
<b>k</b> Lease of facilities, equipment, or other assets												1I	No
I Performance of services or membership or fun													No
<b>m</b> Performance of services or membership or fun	draising solicitatio	ns by relate	ed organizatior	ı(s)								1m	No
n Sharing of facilities, equipment, mailing lists, or	r other assets wit	:h related or	rganization(s)									1n	No
<ul> <li>Sharing of paid employees with related organic</li> </ul>	zation(s)											10	No
p Reimbursement paid to related organization(s	) for expenses .											1р	No
q Reimbursement paid by related organization(s	) for expenses .											1q	No
r Other transfer of cash or property to related o	rganization(s) .											1r	No
s Other transfer of cash or property from related	d organization(s)											1s	No
2 If the answer to any of the above is "Yes," see												LL	
	(a)			or compic	te triio iirie,	(b)		(c)	a cransc		(d)		
	ted organization					Transac		Amount involve	ed	Method of de		amount in	volved
1)LAFAYETTE ART ASSOCIATION FOUNDATIO						type (a	-s)	73,708	CA	SH			
1) DATATETTE ART ASSOCIATION TOUNDATIO						C		73,700	CA	(3)1			
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chedule R (Form 990) 2021													Page <b>4</b>
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Part VI Unrelated Organizations Taxal rovide the following information for each entity taxe											esets or	arose rev	enue\ +b>+
as not a related organization. See instructions rega					mauciea M	ore undit iTV	e percent 0	n its activitle	s (medS	oureu by total a	asers OL (	91055160	anue) tilat
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h	)	(i)		j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income		ll partners ection	Share of total	Share of end-of-year	Dispropr r allocat		Code V-UBI amount in		ral or	Percentag ownershi
	activity	(state or	(related,	50	1(c)(3)	income	assets	. allocat	.01131	box 20		aging :ner?	ownershi
		foreign country)	unrelated, excluded from	organ	nizations?					of Schedule K-1			l
		country)	tax under	1						(Form 1065)			I
		1	sections 512- 514)	ļ	1				1	_		1	I
			314)	Yes	No			Yes	No		Yes	No	
		<del></del>									<u> </u>	1	<b></b>
													l
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Part VII Supplemental Information								
Provide additional information for Return Reference	responses to question	s on Schedule R. See	instructions.	Explanatio	n			
TOTAL TOTAL STATE				ZAPIGITACIO			Sched	ule R (Form 990) 2021
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Additional Data								Return to Form

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