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Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning 7/01/00, and ending 6/30/01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: ART MUSEUM OF GREATER LAFAYETTE, INC. D Employer ID number: 35-0828754. E Telephone number: 765-742-1128. F Check if application pending.

G Org type (check only one): 501(c)(3) (3) (insert no) 527 or 4947(a)(1)

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

J Accounting method: Cash, Accrual, Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED FEB 05 2002

Revenue

Expenses

Net Assets

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13-15), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

Handwritten initials and marks at the bottom right of the page.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule (cash \$ _____ non-cash \$ _____))	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc	25	51,796	12,949	20,718	18,129
26	Other salaries and wages	26	117,976	77,580	21,496	18,900
27	Pension plan contributions	27	-206	-114	-49	-43
28	Other employee benefits	28	16,218	8,977	3,856	3,385
29	Payroll taxes	29	14,834	8,210	3,528	3,096
30	Professional fundraising fees	30				
31	Accounting fees	31	8,977		8,977	
32	Legal fees	32				
33	Supplies	33	13,139	9,479	3,287	373
34	Telephone	34	850		850	
35	Postage and shipping	35	10,714	3,261	7,346	107
36	Occupancy	36	33,809	25,355	5,071	3,383
37	Equipment rental and maintenance	37	1,320	-243	1,595	-32
38	Printing and publications	38	10,348	10,348		
39	Travel	39	332		332	
40	Conferences, conventions and meetings	40				
41	Interest	41	2,132	1,599	320	213
42	Depreciation depletion etc (att sch)	42	28,790	21,593	4,318	2,879
43	Other expenses (itemize) a	43a				
	b SEE STATEMENT 6	43b	59,421	51,531	2,943	4,947
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	370,450	230,525	84,588	55,337

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes" enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)
<p>▶ ART COLLECTION, EXHIBITS, EDUCATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a ACQUISITION, EXHIBITIONS, PRESERVATION, EDUCATION BY MUSEUM</p> <p>(Grants and allocations \$ _____)</p>	230,525
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	230,525

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing				45	323
46	Savings and temporary cash investments			33,768	46	62,851
47a	Accounts receivable	47a	4,050			
b	Less allowance for doubtful accounts	47b			47c	4,050
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b		44,247	48c	
49	Grants receivable			2,917	49	9,302
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use			3,847	52	9,529
53	Prepaid expenses and deferred charges			3,461	53	3,259
54	Investments-securities SEE STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			262,853	54	269,496
55a	Investments-land, buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments-other (attach schedule)		SEE STMT 8	129,772	56	22,539
57a	Land, buildings and equipment basis	57a	846,248			
b	Less accumulated depreciation (attach schedule) SEE STMT 9	57b	488,512	386,453	57c	357,736
58	Other assets (describe SEE STMT 10)			6,366	58	6,359
59	Total assets (add lines 45 through 58) (must equal line 74)			873,684	59	745,444
60	Accounts payable and accrued expenses			13,300	60	20,472
61	Grants payable				61	
62	Deferred revenue SEE STMT 11				62	2,650
63	Loans from officers directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET			27,737	64b	24,691
65	Other liabilities (describe SEE STMT 12)			3,590	65	589
66	Total liabilities (add lines 60 through 65)			44,627	66	48,402
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			725,164	67	632,009
68	Temporarily restricted			62,436	68	23,576
69	Permanently restricted			41,457	69	41,457
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus or land, building, and equipment fund				71	
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			829,057	73	697,042
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			873,684	74	745,444

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	317,948
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$ -3,594		
	(2) Donated services and use of facilities \$ 10,565		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	6,971
c	Line a minus line b	c	310,977
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	310,977

a	Total expenses and losses per audited financial statements	a	449,964
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$ 10,565		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	10,565
c	Line a minus line b	c	439,399
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	439,399

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GRETCHEN MEHRING LAFAYETTE, IN SEE LIST ATTACHED	EX DIR 40+	47,628	0	0
	BOD AS NEEDED	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes" attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization LAFAYETTE ART ASSOCIATION FOUNDATION, IN and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A 85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A 85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			<u>0</u>
d	Enter Amount of tax on line 89c above, reimbursed by the organization			<u>0</u>
90a	List the states with which a copy of this return is filed IN			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		
91	The books are in care of BOB HAAN Telephone no 765-742-1128 Located at SAME ZIP code			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 13					69,071
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					38,294
95 Interest on savings and temporary cash investments					2,003
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					21,619
100 Gain or (loss) from sales of assets other than inventory					7,581
101 Net income or (loss) from special events			2	23,173	
102 Gross profit or (loss) from sales of inventory			2	-1,265	
103 Other revenue					
a					
b SEE STATEMENT 14					6,032
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	21,908	144,600
105 Total (add line 104, columns (B), (D), and (E))					166,508

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge (Important See General Instruction W on page 14)

Signature of officer: T.K. Gross Date: 1-22-02 Type or print name and title: T. K. GROSS

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/28/01 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed) and address and ZIP code: DANIEL Z. BLOMEKE, CPA
2637 YEAGER ROAD, STE 1
WEST LAFAYETTE, IN 47906-1337 EIN: _____ Phone no: 765-463-7239

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ART MUSEUM OF GREATER LAFAYETTE, INC

35-0828754

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg 2 of the instr.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts grants & contnb received (Do not incl unusual grants See line 28)	178,439	126,841	193,373	157,319	655,972
16 Membership fees received	37,750	38,655	39,996	37,788	154,189
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose	139,822	146,769	121,383	128,397	536,371
18 Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	42,141	65,050	68,850	54,924	230,965
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of services or fact furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets	1,360	1,406	1,354	973	5,093
23 Total of lines 15 through 22	399,512	378,721	424,956	379,401	1,582,590
24 Line 23 minus line 17	259,690	231,952	303,573	251,004	1,046,219
25 Enter 1% of line 23	3,995	3,787	4,250	3,794	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 20,924
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24 column (e)					26c 1,046,219
d Add Amounts from column (e) for lines	18 230,965	19	22 5,093	26d	236,058
e Public support (line 26c minus line 26d total)					26e 810,161
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 77.4370%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person " Enter the sum of such amounts for each year				N/A
(1999)	(1998)	(1997)	(1996)		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					N/A
(1999)	(1998)	(1997)	(1996)		
c Add Amounts from column (e) for lines	15	16	17	20	21
d Add Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instr)					27h %

Part V Private School Questionnaire (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

- Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) (input checked)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Mortgages and Other Notes Payable

Form **990**

2000

For calendar year 2000, or tax year beginning **7/01/00**, and ending **6/30/01**

Name **ART MUSEUM OF GREATER LAFAYETTE, INC** Employer Identification Number **35-0828754**

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) LAFAYETTE SAVING BANK	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		3/31/06	MONTHLY \$430.02	8.000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL ESTATE	ADDITION
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	27,737	24,691
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	27,737	24,691

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2000

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions

▶ Attach this form to your return

Attachment
Sequence No **67**

Name(s) shown on return

ART MUSEUM OF GREATER LAFAYETTE, INC

Identifying number
35-0828754

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Tangible Property (Section 179)

Note: If you have any "listed property," complete Part V before you complete Part I

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

Section A-General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions

Section B-General Depreciation System (GDS) (See page 3 of the instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property) (See page 5 of the instructions)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	28,718

Part IV Summary (See page 6 of the instructions)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions	21	28,718
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see page 9 of the instructions

Form **4562** (2000)

Part V Listed Property- (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution See page 7 of the instructions for limits for passenger automobiles)

23a Do you have evidence to support the busn./invest. use claimed?		Yes	No	23b If "Yes," is the evidence written?		Yes	No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Busn./invest. use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (See page 6 of the instructions)								
		%						
		%						
25 Property used 50% or less in a qualified business use (See page 6 of the instructions)								
		%				S/L-		
		%				S/L-		
26 Add amounts in column (h) Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i) Enter the total here and on line 7, page 1								27

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
28 Total business/investment miles driven during the year (do not include commuting miles-see page 1 of the instructions)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons See page 8 of the instructions

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles except commuting by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions		

Note If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions)						
41 Amortization of costs that began before 2000					41	74
42 Total Add amounts in column (f) See page 9 of the instructions for where to report					42	74

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP LOWER LEVEL	\$ 12,097
MEMBERSHIP UPPER LEVEL	22,130
MEMBERSHIP BUSINESS	2,700
YEARLY MEMBERSHIPS	1,367
TOTAL	\$ 38,294

Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
INVESTMENT INC SSB	\$ 14,485
INVESTMENT INC SSB PERM C	7,134
TOTAL	\$ 21,619

Statement 3 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Securities

Desc	Date Acquired	Date Sold	Sale Price	How Rec'd	Whom Sold	Gain/-Loss
				Cost & Expense	Deprec	
POOLED ACCOUNT NET REALIZED				PURCHASE		
	VARIOUS	VARIOUS	\$ 7,581	\$	\$	\$ 7,581
TOTAL			\$ 7,581	\$ 0	\$ 0	\$ 7,581

Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Other

Desc	Date Acquired	Date Sold	Sale Price	How Rec'd	Whom Sold	Gain/-Loss
				Cost & Expense	Deprec	
WO OF OLD ITEMS				PURCHASE		
	VARIOUS	6/30/01	\$	\$ 36,324	\$ 36,324	\$
TOTAL			\$ 0	\$ 36,324	\$ 36,324	\$ 0

Statement 4 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
MUSEUM STORE	\$ 8,470	\$ 9,735	\$ -1,265
TOTAL	\$ 8,470	\$ 9,735	\$ -1,265

Federal Statements

Statement 5 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
UNREALIZED GAINS (LOSSES)	\$ 3,594
TOTAL	\$ <u>3,594</u>

35-0828754

Federal Statements

FYE 6/30/2001

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
INDIRECT EXPENSE				
BANK FEES	557		557	
BOARD MEETING & LUNCHES	743		743	
MEETING & LUNCHES FOUNDAT	283		283	
CONTINGENCY	419		419	
VENDING MACHINES	314		314	
COMPUTERS	487		487	
PC INSTALLATION & SUPPLIE	200		200	
MISCELLANEOUS	-64		-64	
AUCTION	200			200
NEWSLETTER	4,431			4,431
ADVERTISING	316			316
GRANT COSTS	15	15		
LECTURE UMBARGER	2,441	2,441		
CHILDREN ACTIVITY AREA	160	160		
TRIANING TEACHERS	159	159		
ANNUAL MEETING	417	417		
BUS TOURS	525	525		
CLIFF HALL	151	151		
BUS TOUR MARY CASSATT	1,195	1,195		
EXHIBITION PURCHASES	1,926	1,926		
INSTALLATIONS & SUPPLIES	838	838		
OPENINGS	3,030	3,030		
PHOTOGRAPHY	199	199		
RENTAL FEES	1,250	1,250		
EXHIBIT AWARDS	1,450	1,450		
INDIANA NOW	1,315	1,315		
MEMBERSHIPS PROFESSIONAL	1,123	1,123		
BOOKS	321	321		
SUBSCRIPTIONS	91	91		
ACQUISTIONS & CONSERVATIO	500	500		
COMMISSION ARTIST	520	520		
INSTRUCTOR ADULT	21,541	21,541		
INSTRUCTOR CHILDREN	2,751	2,751		
OTHER ACQUISITION	3,500	3,500		
CONTRIBUTION GLCF	2,648	2,648		
MURAL PROJECT	564	564		
HANNA CNETER TILE	110	110		
HOUSE STORIES	320	320		
SCHOLARSHIP OTHER EXP	45	45		
SCHOLARSHIOS AWARDED GLMA	1,711	1,711		
BERTRAM SCHOLARSHIP AWARD	500	500		
SAMARA SPLIT	215	215		
ROUNDING	4		4	
TOTAL	\$ 59,421	\$ 51,531	\$ 2,943	\$ 4,947

Federal Statements**Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK POOLED INVESTMENTS	13,394		MARKET
CORPORATE BONDS SALOMON SMITH BARNEY ENDO	200,350	220,387	MARKET
SALMON SMITH BARNEY PERM	49,109	49,109	MARKET
	<u>262,853</u>	<u>269,496</u>	

Statement 8 - Form 990, Part IV, Line 56 - Other Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
SSB SWORD PERM COLLECTION	\$ 88,070	\$ 22,539	
CD	41,702		
MM			
TOTAL	<u>\$ 129,772</u>	<u>\$ 22,539</u>	

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
COMMUNITY SERVICE ROOM	\$ 271,328	\$	\$ 271,328	\$
REAL ESTATE	110,942		110,942	
CAPITAL IMPROVEMENTS	364,792		358,445	
FURNITURE & FIXTURES	135,511		105,533	
AD COMMUNITY SERVICE ROOM		103,923		112,531
AD REAL ESTATE		96,019		98,593
AD CAPITAL IMPROVEMENTS		188,890		195,409
AD FURNITURE & FIXTURES		107,288		81,979
TOTAL	<u>\$ 882,573</u>	<u>\$ 496,120</u>	<u>\$ 846,248</u>	<u>\$ 488,512</u>

Federal Statements**Statement 10 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED INTEREST REV	\$ 5,846	\$ 5,780
DEPOSIT BULK MAIL		133
LOAN FEES	1,114	1,114
AA LOAN FEES	-594	-668
TOTAL	<u>\$ 6,366</u>	<u>\$ 6,359</u>

Statement 11 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERED INCOME PROGRAM SA	\$	\$ 2,650
TOTAL	<u>\$ 0</u>	<u>\$ 2,650</u>

Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
AGENCY ACCOUNT ARTS CONS	\$ 3,590	\$ 589
TOTAL	<u>\$ 3,590</u>	<u>\$ 589</u>

Federal Statements

Statement 13 - Form 990, Part VII, Line 93 - Program Service Revenue

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
CORPORATE SPONSORSHIPS		\$		\$	\$ 9,000
AKELEY LECTURE					100
ART SMART AMERICA					230
LAFIESTA					4,220
INDIANA NOW PREVIEW OPENI					705
APPRAISAL DAY					1,500
FUSION FRIDAY					2,455
BUS TRIP MARY CASSATT					2,164
COMMISSIONS EXHIBITION					1,203
INDIANA NOW ENTRY					1,725
TUITION ADULT					32,170
SUPPLIES ADULT					4,906
TUITION CHILDREN					6,579
SUPPLIES CHILDREN					1,064
HOUSE STORIES					750
PPT WISH LIST					300
TOTAL		\$ 0		\$ 0	\$ 69,071

Statement 14 - Form 990, Part VII, Line 103 - Other Revenue

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
BOARD MEETING/LUNCHES		\$		\$	\$ 432
ANNUAL MEETING					510
RENTAL MKSCR					942
MEETING & LUNCHES FOUNDAT					164
VENDING MACHINE					584
RENTAL FEES					161
PURCHASES					189
LUNCH RESERVATIONS					3,050
TOTAL		\$ 0		\$ 0	\$ 6,032

BOARD OF DIRECTORS, 2000-2001

ALM, Dave
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P.O. Box 428
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Phone: 563-3504
Fax: 563-6480
E-Mail: dave@dcwi.com

Spouse: Louie Laskowski
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AMICK, Lorie
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Spouse: Doug

CLAPPER, Brenda
Ball Eggleston Bumbleburg McBride
Walkey & Stapleton
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DANIEL, Donald L
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W Lafayette, IN 47906
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INDIANA
SECRETARY of STATE
 Sue Anne Gilroy
"Government at the Speed of Business"



Name Searched On.

GREATER LAFAYETTE MUSEUM OF ART, INC. (Former)

Current Information

Entity Legal Name

ART MUSEUM OF GREATER LAFAYETTE, INC.

Entity Address

102 S 10TH ST , LAFAYETTE, IN 47905

General Entity Information:

Control Number. **192576-019**

Status: **Active**

Entity Type **Non-Profit Domestic Corporation**

Entity Creation Date: **6/27/1927**

Entity Date to Expire.


Entity Inactive Date:

This entity is current with Business Entity Report(s).

Other Names for this Entity:

Date	Name (Type)
6/27/1927	GREATER LAFAYETTE MUSEUM OF ART (Assumed / Tippecanoe County)
1/30/95	LAFAYETTE ART ASSOCIATION INC (Former)
12/29/00	GREATER LAFAYETTE MUSEUM OF ART, INC (Former)

Additional Services Available:

	View additional information for the entity, including transaction history, merger information, registered agent, principals and corporate report information (years paid and years due). There is a fee of \$1 00 for AIN subscribers and a fee of \$2 20 for credit card users for this additional information NOTE: Amendments filed prior to 1987 DO NOT appear in the
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Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	ART MUSEUM OF GREATER LAFAYETTE, INC	35-0828754
	Number, street, and room or suite no. If a P O box, see instructions	
	102 SOUTH 10TH STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	LAFAYETTE IN 47905-1173	

Check type of return to be filed (file a separate application for each return)

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15/02 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 7/01/00 and ending 6/30/01

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature  Title ▶ **CPA** Date ▶ **11/12/01**

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)