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From 990. Return of Organization Exempt From Income Tax Undersection 50(1) of the Instrate Revenue Code (assess) task lung benefit trust or Public Provided in the Code Tax or access task lung benefit trust or Public Provided Science 1, 2000 Other Science Code Public Provided Science 1, 2000 A for the 2000 calender year, or tax very period beginning Code or access and the Public Provided Science 1, 2000 D Employer D number Tax or access task lung benefit trust or Public Provided Science 1, 2000 D Employer D number Tax or access task lung benefit trust or Public Provided Science 1, 2000 Comp or access and the Public Provided D Code (Retar to access task lung benefit trust or port of Provided Science 1, 2000 D Employer D number Tax or access task lung benefit trust or Public Provided Science 1, 2000 D Employer D number Tax or access task lung benefit trust or Provided Science 1, 2000 0 ong type (deta any one) Z is 1000 1 (accestro) Science 1, 2000 Science 1, 2000 Science 1, 2000 0 ong type (deta any one) Z is 1000 1 (accestro) Science 1, 2000 Science 1, 2000 Science 1, 2000 1 Access is 1000 1 (accestro) Science 1, 2000 Science 1, 2000 Science 1, 2000 Yee Z is 1000 1 Access is 1000 1 (accestro) Science 1, 2000 Science 1, 2000 Yee Z is 1000 Yee Z is 1000 2 Access is 10000 1 (accessro) Science 1, 2000 1 (accessro) Science 1, 2000 Yee Z is 1000 Yee Z is 10000 2 Access	212 T	29 11/28/2	2001														
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	\$	21							<u></u>	· <u> </u>	•••••			21			
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Part II Statement of Functional Expension and comparise own (0) Comme (0) (C) (0) (0) an expension on each (2) (C) (0) (0) Functional Expension (0) Provemant (0) Pro	2129 11/28/2001					
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25 Compensation of officers, etc. 28 51, 796 12, 949 20, 718 18, 1 26 Other satines and wages 28 117, 976 77, 580 21, 499 28, 97 37 Person plan contributions 28 117, 976 77, 580 21, 493 20, 718 18, 19 37 Person plan contributions 28 117, 976 77, 580 21, 493 20, 718 18, 19 36 Other statines and wages 29 114, 834 6, 210 3, 526 3, 3 3 37 Person plan contributions 29 14, 834 6, 210 3, 526 3, 0 30 Profiles 31 13, 139 9, 479 3, 227 3 31 Accounting files 31 13, 139 9, 479 3, 227 3 31 Accounting files 31 13, 319 9, 479 3, 227 3 3 35 Pointing and publicitions 38 332 3, 232 3 </td <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>	•					
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40	•	39				
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13 Other expenses (itemize) a b SEE STATEMENT 6 43a c 43b 59,421 51,531 2,943 4,9 d 43a 43a 43a 43a 43a 43a e 43a 370,450 230,525 84,588 55,3 Reporting of Joint Costs Did you report in column (8) (Program services) any joint costs from a combined educational campaign and fundrisansin solutation? Image: service (1) the anount allocated to Program services (1) the anount allocated to Program services (1) the anount allocated to Program services (1) the anount allocated to Program service (1) or service (1) the anount of instructions on page 23 (1) or service (1) the anount of instructions on page 23 (1) or service (1) or service (1) the anount of instructions is sued. (1) or service						2,879
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e 43e 43e 43e 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 55,3 Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? If 'es' "enter (I) the agregate amount of these point costs If 'es' "enter (I) the agregate amount of these point costs (II) the amount allocated to Program services (II) the amount allocated to Forgam services (III) the amount allocated to Forgam services (IIII) the amount allocated to Forgam services (IIIII) the amount allocated to Forgam services (IIIIIII) Statement of Program Service Accomplishments (See Specific Instructions on page 23) (Required for Solic) (Arants and allocations is sued, etc. Discuss achievements that are not measurable (Sections to for (c)(3) and (4) (Arants and allocations is sued, etc. Discuss achievements that are not measurable (Sections to forlers) (Arants and allocations is sued, etc. Discuss achievements that are not measurable (Sections is others) (Grants and allocations is) (Grants and allocations is)<td></td><td></td><td></td><td></td><td></td><td></td>						
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f Yes' enter (i) the aggregate amount of these joint costs \$		ram servic	ces) any joint costs from	m a combined		
III) the amount allocated to Management and general \$	educational campaign and fundraising solicitation?				▶∐	Yes 🗶 No
Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23) Mhat is the organization's primary exempt purpose? ART COLLECTION, EXHIBITS, EDUCATION ART COLLECTION, EXHIBITS, EDUCATION EXHibits, EDUCATION all organizations must deache there reempt purpose achievements in a clear and concise manner. State the number of cleints served publications issued, etc. Discuss achievements that are not measurable (Section 501(C)(3) and (4) urbits, but optional orbits) Required for 501(C) a ACQUISITION, EXHIBITIONS, PRESERVATION, EDUCATION BY MUSEUM (Grants and allocations \$) 230, 5 b	f "Yes" enter (i) the aggregate amount of these joint costs \$, (II) the	amount ellocated to Progr	em services S	
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f clients served publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4)				_		(Required for 501(c)(3) ar
a ACQUISITION, EXHIBITIONS, PRESERVATION, EDUCATION BY MUSEUM (Grants and allocations \$)	All organizations must describe their exempt purpose achiever of clients served, publications issued, etc. Discuss achievement	ments in a	clear and concise main e not measurable. (See	nner State the number		(4) orgs and 4947(a)(1
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Other program services (attach schedule) (Grants and allocations \$)	d					
Other program services (attach schedule) (Grants and allocations \$)						
Other program services (attach schedule) (Grants and allocations \$)						
			Grants and all	locations \$)	
f Total of Program Service Expenses (should equal line 44, column (R), Program senses)	e Other program services (attach schedule)		(Grants and al	locations \$)	
	f Total of Program Service Expenses (should equal line 4	14, column	(B), Program service:	5)	•	230,525

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Form 990 (2000) ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754

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

Note	Where required, attached schedules and amounts with 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		62,851
_					
47a	Accounts receivable	47a <u>4,050</u>			
Ь	Less allowance for doubtful accounts	47b		47c	4,05
48a	Pledges receivable	48a	44 047		
_	Less allowance for doubtful accounts	48b	44,247		0.200
49	Grants receivable	F	2,917	49	9,30
50	Receivables from officers, directors, trustees, and key	employees		50	
E1-	(attach schedule) Other notes and loans receivable (attach	F		50	
514	schedule)	51a			
h	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use		3,847	52	9,529
53	Prepaid expenses and deferred charges	ł	3,461	53	3,25
54	Investments-securities SEE STMI	. 7 ▶ 🗋 Cost 🕅 FMV	262,853		269,490
55a	Investments-land, buildings, and				
	equipment basis	55a			
Ь	Less accumulated depreciation (attach				
	schedule)	55b		55c	
56	Investments-other (attach schedule)	SEE STMT 8	<u>129,772</u>	56	22,53
57a	Land, buildings and equipment basis	57a 846,248			
Ь	Less accumulated depreciation (attach				
	schedule) SEE STMT 9	57b 488,512	<u>386,453</u>		357,730
58	Other assets (describe SEE STMT 1)	<u>o</u>)	6,366	58	6,359
59	Total assets (add lines 45 through 58) (must equal lin	e 74)	873,684	59	745,444
60	Accounts payable and accrued expenses		13,300		20,472
61	Grants payable	Γ		61	
62	Deferred revenue	SEE STMT 11		62	2,650
63	Loans from officers directors, trustees, and key emplo	oyees (attach			
1	schedule)	L		63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
Ь	Mortgages and other notes payable (attach schedule)	SEE WORKSHEET	27,737		24,691
65	Other liabilities (describe SEE STMT	<u>12</u>)	3,590	65	589
66	Total liabilities (add lines 60 through 65)		44,627	66	48,402
Orga	inizations that follow SFAS 117, check here 🕨 🗎	and complete lines			
	67 through 69 and lines 73 and 74				
F 67	Unrestricted		725,164		632,009
ш <u>68</u> П ст	Temporanly restricted		62,436		23,570
d ⁶⁹	Permanently restricted		41,457	69	41,45
	inizations that do not follow SFAS 117, check here	▶ 🛄 and			
B al 70	complete lines 70 through 74				
1 1 1 1	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus or land, building, and equipr		71		
n 72 c 73	Retained earnings, endowment, accumulated income,			72	
C 73	Total net assets or fund balances (add lines 67 thro 70 through 72, column (A) must equal line 19 and colu				
•					
5	equal line 21)		829,057	73	697,042

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

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Form	990 (2000) A	RT MUSEUM C)F G	REATER LA	FAEY	TTE	., INC 35-	0828754				1	Page 4
Pa	art IV-A j R	econciliation of F	Reven	ue per Audited	1	P	art IV-B	Reconciliation of	of Exp	ense	в рез	r Audited	
		inancial Statemei		•				Financial Stater	nents	with	Expe	enses pe	r
	R	eturn (See Speci	fic Ins	structions, page	<u>e 25)</u>			Return					
a	Total revenue, ga	ains, and other support				a	Total expense	es and losses per					
	per audited finan	cial statements	▶⊢	a 317	7,94	B	audited financ	al statements		a		449	,964
b		d on line a but not on				ь		ided on line a but not					
	line 12, Form 990						on line 17, Fo						
(1)	Net unrealized ga					(1) Donated servi		ECE				
(2)	investments §	-3,5	94				of facilities		,565				
(2)	 Donated service: of facilities \$ 	s and use 10,5	65			(2	Pnor year adjuster of the second s						
(3)	Recovenes of pr		0.5				reported on lir Form 990	¢					
(3)	year grants \$					13	 Losses report 	• •ed on line 20					
(4)	Other (specify)					``	Form 990	\$					
(-)						(4) Other (specify	· <u>*</u>		1			
	\$,						
	Add amounts on	lines (1) through (4)		b	5,97	i		\$					
							Add amounts	on lines (1) through (4	l) 🕨	Ь		10	,565
c	Line a minus line	b		<u>c 310</u>	0 <u>,97</u>	7 с	Line a minus I	line b		c		439	, 399
d	Amounts include	d on line 12,				d	Amounts inclu	uded on line 17,					
	Form 990 but not	t on line a		}			Form 990 but	not on line a					
(1)	Investment expen	nses				(1) Investment ex	penses					
	not included on li	ne 6b,					not included o	on line 6b,					
	Form 990						Form 990	<u>\$</u>					
(2)	Other (specify)					(2) Other (speafy	1)					i
	<u>\$</u>				—			\$		- -			
	Add amounts on	• • • • • •	▶⊢			_		on lines (1) and (2)	. •	┛			
8	-	er line 12, Form 990		310),97 [.]	- ⁹		es per line 17, Form 99	90			420	200
De	(line c plus line d art V List o	of Officers, Direc	tore				(line c plus lin			0	Snoor		, 399
		ctions on page 25)	.013,			inpic	yooa (List cau	in one even in not com	Jensale	u, see	Speur		
		(A) Name and add	dress			- h	Title and average ours per week roted to position	(C) Compensation (If not paid, enter	(D) C employ plane 3	iontribi i ee bene defem tensatio	io afit ed	(E) Expe account and allowand	other
G	RETCHEN M	EHRING				EX	DIR						
_ <u>L</u>	AFAEYTTE,	<u>IN</u>				40+	-	47,628			0		0
S	EE LIST A	TTACHED				BOE							
						AS	NEEDED	0			0		0
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												·	
75	Did any officer, d	lirector, trustee, or key	emplo	vee receive aggrega	ate com	pensa	tion of more that	n \$100,000 from your					
	organization and	all related organization	ns of v	hich more than \$10) 000 wa	is pro	vided by the rela	ited organizations?				Yes	X No

If "Yes " attach schedule-see Specific Instructions on page 26

Form	990 (2000) ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754		P	age 5
Pa	art 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
	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			<u> </u> -
	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	
Ь	If "Yes," enter the name of the organization LAFAYETTE ART ASSOCIATION FOUNDATION, IN			
	and check whether it is R exempt OR nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the			
	Instructions for line 81			
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)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<u>83a</u>	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<u>83b</u>	X	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	-		<u> </u>
	or gifts were not tax deductible? N/A	<u>84b</u>		[
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	1		
	received a waiver for proxy tax owed for the prior year			
¢.	Dues, assessments, and similar amounts from members 85c 85c	4		
d	Section 162(e) lobbying and political expenditures 85d	-		
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
T	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	<u> </u>		ł—-
9 5		85g		┝───
h		85h		
86	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a	0.511		
ь	Gross receipts, included on line 12, for public use of dub facilities 86b	1	·	
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	1		
b	Gross income from other sources (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them) 87b	1		ļ
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or	1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections	1		1
	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 0, section 4912 0, section 4955 0		ļ	<u> </u>
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		1	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		1	
	a statement explaining each transaction	89b	L	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			-
	sections 4912, 4955, and 4958		_	0
	Enter Amount of tax on line 89c above, reimbursed by the organization			0
	List the states with which a copy of this return is filed IN	1	ı I	
b		90b	L	20
91		-/42	-T]	.∠8
0.7	Located at SAME ZIP code Section (1947/a)(1) accurate to be the first first 000 in law of Farm 1044. Check here			►
92	Section 4947(a)(1) nonexempt chantable 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			۳L
	any cinci we activut of lat-exemptionerest released of actived during the fax year			

Form 990 (200								Page 6
Part VII	Analysis of Income-Pr	oducing Activities		-		· · · ·		т
•	mounts unless otherwise			d business income		by sec 512	2 513 or 514	(E) Related or
indicated			(A) Business code	(B) Amount	(C) Exclusion	(Am	D) ount	exempt function
-					code			income
	STATEMENT 13				+			69,071
b		·						<u> </u>
						_		
d								
e								
f Medicar	e/Medicaid payments	1			1	L		
g Fees an	d contracts from government ager	naes						
94 Member	ship dues and assessments							38,294
95 Interest	on savings and temporary cash in	vestments						2,003
96 Dividend	is and interest from secunties							
97 Net renta	al income or (loss) from real estati	e [
a debt-fina	anced property		·				<u></u> -	
b not debt	-financed property	[_	_
98 Net rent	al income or (loss) from personal j	property						
99 Other in	vestment income							21,619
100 Gain or i	(loss) from sales of assets other th	han inventory						7,581
	me or (loss) from special events	· · ·			2		23,173	
	rofit or (loss) from sales of invento	rv i			2		-1,265	
103 Other re		í l						
b SEE	STATEMENT 14			·-· -· -·	1			6,032
-						_		
		1				_		1
				_	-			
	(add columns (B), (D), and (E))			(<u> </u>		21,908	144,600
	dd line 104, columns (B), (D), and	(E))					•	166,508
	5 plus line 1d, Part I, should equal		Part I				-	
Part VIII				of Exempt Purpo		e Snecific I	nstructions	on page 31)
Line No	Explain how each activity for wh							
•	of the organization's exempt put	•				.,		
N/A			<u></u>		-			- <u></u>
		_						
Part IX	Information Regarding	Taxable Subsidiar	ries and Di	sregarded Entitie	es (See S	Specific Inst	tructions or	page 31)
	(A)	(B)		(C)		(D)		(E)
name, aog partner	dress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest		lature of activities		Total inc	ome	End-of-year assets
N	I/A		%					
			%					
			%					
			%					
Part X	Information Regarding	Transfers Associa	ated with P	ersonal Benefit	Contrac	ts (See S	pecific Instr	uctions on pg 31)
(a) Did	the organization, during the year,	receive any funds, direc	ctly or indirectl	y, to pay premiums or	a person	al		
	efit contract?							Yes 🖾 No
(b) Did	the organization, during the year,	pay premiums, directly	or indirectly o	n a personal benefit o	ontract?			Yes X No Yes X No
Note If "Y	es" to (b), file Form 8870 and For	rm 4720 (see instruction	ns)					
	Under penalties of penjury I declare and belief, it is true correct, and con	that I have exemined this o	ະ ກຸດເວັ້ນດີເກດ	ccompanying schedules	and statem	ents and to	the best of n	iy knowledge
Please	(important See General Instruction							
Sign	1. I.K Chose	-		1-22-021		-	T. K.	Gross
Here	Signature of officer		D	tte	Туре о	r print name	and title	
	Preparer's	1/1		Date	CI	heck if	Pre	parer's SSN or PTIN
Paid	signature	51		11/28	/01 🖁	ff- nployed_		
Preparer's		NIEL Z. BLO	MEKE, C	PA			EIN	
Use Only	d self-employed) and 26	37 YEAGER R	OAD, ST	'e 1				
-		ST LAFAYETT	•	47906-1337			Phane no 🍽	765-463-7239

Form 990 (2000)

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

. .

OMB No 1545-0047

2000

Supplementary information-(See separate instructions.)
MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

.

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

ART MUSEUM OF GREATER LAFAEYTT		- 0/5 0	35-0828	
Part I Compensation of the Five Highest P (See page 1 of the instructions List e				969
(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 oth allowances
NONE				
	-			
al number of other employees paid over 0 000 Part II Compensation of the Five Highest P				
Part II Compensation of the Five Highest P (See page 1 of the instr List each on				one ")
(a) Name and address of each independent contractor	paid more than \$ 50,000	(b) Туре	e of service	(c) Compensat
NONE				
			····-	
al number of others receiving over \$50,000 for				

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

		A (Form 990 or 990-EZ) 2000 ART MUSEUM_OF GREATER LAFAEYTTE, INC 35-082875	54	P:	age 2
Pa	<u>rt l</u>	II } Statements About Activities		Yes	No
1		nng the year, has the organization attempted to influence national, state, or local legislation, including any			
		empt to influence public opinion on a legislative matter or referendum?		_	X
		Yes," enter the total expenses paid or incurred in connection with the lobbying activities	-		
		janizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of			
	-	lobbying activities			
2		ring the year, has the organization, either directly or indirectly engaged in any of the following acts with any			
-		is trustees, directors officers, creators, key employees, or members of their families, or with any taxable			
		anization with which any such person is affiliated as an officer, director, trustee, majority owner or principal			
	-	neficiary			
а		e, exchange, or leasing of property?	2a	-	X
-		el eveneBel el les breherd.			
ь	Ler	nding of money or other extension of credit?	25		x
		•			
с	Fur	nishing of goods services, or facilities?	2c		x
d	Pay	ment of compensation (or payment or reimbursement of exp. if more than \$1 000)?	2d		_ X
8	Tra	insfer of any part of its income or assets?	2e		X
	lf ሆ	he answer to any question is "Yes," attach a detailed statement explaining the transactions			
3		es the organization make grants for scholarships, fellowships student loans, etc ?	3		X
4a		you have a section 403(b) annuity plan for your employees?	4 a		X
Ь		ach a statement to explain how the organization determines that individuals or organizations receiving grants or loans			
	tror	n it in furtherance of its chantable programs qualify to receive payments (See pg 2 of the instr.)			
Pa	<u>rt l'</u>	Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)			
The c	rgar	nization is not a private foundation because it is (Please check only ONE applicable box)			
5	Ц	A church convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6	Ц	A school Section 170(b)(1)(A)(u) (Also complete Part V, page 5)			
7	Н	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8	Н	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	Ц	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, cit	у,		
	п	and state			
10	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(IV)		
14.		(Also complete the Support Schedule in Part IV-A)			
11a	N	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
115	П	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	Η	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross			
12	Ц	receipts from activities related to its chantable, 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 acquire	н		
		by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	-		
13	П	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
	U	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)			
			(b) Line	numbei	r
		(a) Name(s) of supported organization(s)	• •	above	

Π

		<u>RT MUSEUM OF</u>				4 Page 3	
_ Pa	rt IV-A Support Schedule (Con	nplete only if you checked	d a box on line 10, 11, (or 12) Use cash meth	od of accounting		
	Note You may use the works	sheet in the instructions for	or converting from the	accrual to the cash met	hod of accounting		
Cale	ndar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total	
15	Gifts grants & contrib received (Do						
	not incl unusual grants See (inc 28)	178,439	126,841	193,373	157,319	655,972	
40		37,750	38,655	39,996	37,788	154,189	
16	Membership fees received		38,033				
17	Gross receipts from admissions						
	merchandise sold or services performed, or						
	furnishing of facilities in any activity that is						
	not a bush unrelated to the organization's						
	chantable_etc_purpose	139,822	146,769	121,383	128,397	536,371	
18	Gross inc. from int , dividends, amounts					<u>_</u>	
	received from pymt on securities loans						
	(section 512(a)(5)), rents, royalties, &						
	unrelated busn taxable inc (less sec						
	511 taxes) from businesses acquired by	40 141	65 050	60.050	54 004	000 005	
	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						
	a either paid to it or expended on its behalf						
21	The value of services or facil furnished to the		· · · - · -				
	org by a governmental unit without charge Do						
	not incl. the value of serv. or facilities gen-	,					
22	erally 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	<u> </u>	<u>1,582,590</u>	
24	Line 23 minus line 17	259,690	231,952	303,57 <u>3</u>	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		amount in column (e), I		► 26a	20,924	
	Attach a list (which is not open to public in						
	person (other than a governmental unit or	-			<u> </u>		
	•		-	is for 1990 infough 199		·	
	exceeded the amount shown in line 26a E	inter the sum of all these	excess amounts		► <u>26b</u>		
	Total support for section 509(a)(1) test Er				► <u>26c</u>	1,046,219	
d	Add Amounts from column (e) for lines	18 <u>230,</u>					
		22 <u>5,</u>	093 26b		▶ <u>26</u> d	236,058	
0	Public support (line 26c minus line 26d tot	al)			► 26e	810,161	
f	Public support percentage (line 26e (nu	merator) drvided by lin	e 26c (denominator))		▶ 26f	77.4370%	
27	Organizations described on line 12	a For amounts included					
	person," attach a list (which is not open to				•	vear from	
	each "disqualified person " Enter the sum		•		caon year nom, eaon	year nom,	
	each disquailleu person Enter the sum	or such amounts for each	iyea: N/F	7			
	(1000)		(10 1 -1)		(1000)		
	•	998)	(1997)		(1996)		
Ь	For any amount included in line 17 that wa	as received from a nondis	qualified person, attac	h a list to show the nam	ne of, and amount		
	received for each year, that was more that	n the larger of (1) the am	iount on line 25 for the	year or (2) \$5,000 (Inc	lude 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), a	enter the sum of these dif	ferences (the excess a	mounts) for each year	N	/A	
	(1999) (1	998)	(1997)		(1996)		
	Add Amounts from column (e) for lines	15	16		(*****)		
Ŭ	•••	20	21	·	► 27c		
	17						
d	Add Line 27a total	and line 27b	(otal		► <u>27d</u>		
0	Public support (line 27c total minus line 27	•			► <u>27</u> 6	<u> </u>	
f	Total support for section 509(a)(2) test E	nter amount on line 23, ca	olumn (e)	▶ 27f			
9	Public support percentage (line 27e (ni	• •			► 27g	- %	
h	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28	Unusual Grants For an organization des	cribed in line 10, 11, or 1	2 that received any un	usual grants during 199	6 through 1999, attac	h	
	a list (which is not open to public inspection	on) for each year showing	the name of the contri	ibutor, the date and am	ount of the grant,		
	and a bnef description of the nature of the	•			•		

2129	11/28/2001
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	Int 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)	828754		<u>P</u> a	a <u>qe</u> 4
		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,				
30	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		29		-
	brochures, catalogues, and other written communications with the public dealing with student admissions,				
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		30		
	the penod of solicitation for students, or during the registration penod if it has no solicitation program, in a way				
	that makes the policy known to all parts of the general community it serves?		_31_		
	If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement)				
32	Does the organization maintain the following				
	Records indicating the racial composition of the student body, faculty and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory		<u>32a</u>		<u> </u>
U	basis?		32Ь		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing				
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?		<u>32c</u> 32d		┼──
	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				
а	Students' rights or privileges?		33a		·
Ь	Admissions policies?		33b		
c	Employment of faculty or administrative staff?		33c		
a	Scholarships or other financial assistance?		<u>33d</u>		
8	Educational policies?		33e		
	Use of facilities?		33f		
•					
9	Athletic programs?		<u>33g</u>		<u> </u>
h	Other extracumcular activities?		33h		
	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?		34a	<u> </u>	
F	Has the organization's right to such aid ever been revoked or suspended?		34b	1	
5	If you answered "Yes" to either 34a or b, please explain using an attached statement			<u>†</u>	
					
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev <u>Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation</u>		35		1

Sd	nedule A (Form 990 or 990-EZ) 2000 A	RT MUSEUM OF GREATER LAFAI	TTYS	E, INC_35-0828	754 Page 5
ì F		res by Electing Public Charities (See par ILY by an eligible organization that filed F			
Ch		ongs to an affiliated group			
Ch	eck here 🕨 b 🗍 if you checked "a" at	ove and "limited control" provisions apply			
	Limits on Lo	bbying Expenditures		(a) A্ৰায়িঞাৰে group totals	(b) To be completed for ALL electing
	(The term "expenditures"	means amounts paid or incurred)			organizations
36	Total lobbying expenditures to influence pub	ic opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	37	<u></u>	<u> </u>
38	Total lobbying expenditures (add lines 36 an	d 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add line	is 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amo	unt from the following table-			
	If the amount on line 40 is-	The lobbying nontaxable amount is-			
	Not over \$500,000	20% of the amount on line 40	-		
	Over \$500 000 but not over \$1,000,000	\$100 000 plus 15% of the excess over \$500,000	_		
	Over \$1 000,000 but not over \$1,500,000	\$175 000 plus 10% of the excess over \$1,000,000	41		
	Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1,500,000			
	Over \$17 000 000	\$1,000 000			
42	Grassroots nontaxable amount (enter 25% o	f 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)

(a) 2000	(b) 1999	(c) 1998	(d) 1997	(ə) _ Totai
2000	1999	1998	1997	_ Totai
		<u></u>		

Part VI-B	Lobbying Activity by Nonelecting Public Charities			
	(For reporting only by organizations that did not complete Part VI-A) (Se	e page 9 of	f the	instr) N/A
During the year, o	lid the organization attempt to influence national, state or local legislation, including any	Yes	No	Amount
attempt to influen	ce public opinion on a legislative matter or referendum, through the use of	148		Amount
a Volunteers				
b Paid staff o	r management (include compensation in expenses reported on lines c through h)			
c Media adve	erusements			
d Mailings to	members, legislators, or the public			
e Publication	s or published or broadcast statements			
f Grants to c	ther organizations for lobbying purposes		_	
g Direct cont	act with legislators, their staffs, government officials or a legislative body			
h Rallies, der	nonstrations, seminars, conventions, speeches, lectures, or any other means			
. Total John	and expenditures (add lines a through h.)			

Total lobbying expenditures (add lines c through h)

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

2129 11/28/2001							
	n 990 or 990-EZ) 2000			LAFAEYTTE, INC 35-08287		P	age 6
Part VII	-	-		s and Relationships With Noncharita	ble		
51 Did the rep			e page 9 of the instructions	h any other organization described in section			
-		=	organizations) or in section 527, re				
			oncharitable exempt organization of			Yes	No
(I) Cash			· · · · · · · · · · · · · · · · · · ·		51a(i)	1	X
(ii) Othe	r assets				a(ii)		X
b Other trans	actions						
	-		hantable exempt organization		<u>b(l)</u>	╞──	X
• •	hases of assets from a r		• •		_ <u>b(ii)</u>	╞╌╴	<u>x</u>
	a) of facilities equipmen		sets		b(iii)	—	X
	ibursement arrangemen is or loan guarantees	115			<u>b(iv)</u> b(v)		X X
	-	nembershin o	or fundraising solicitations		b(vi)	┼──	X
			er assets, or paid employees				X
-	• •	+	· · ·	(b) should always show the fair market value of t	ihe		
goods, othe	er assets, or services gri	ven by the rej	porting organization. If the organization	ion received less than fair market value in any			
transaction	or sharing arrangement	t, show in col	umn (d) the value of the goods, othe	r assets, or services received			
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers transactions and shar	ing anangem	ients	
<u>N/A</u>							
			-				
	<u> </u>						_
						<u> </u>	
	· · · · · ·	<u> </u>					
							
		 	_				
			<u>-</u>				
		<u> </u>					
		<u> </u>					
<u>_</u>		<u> </u>					
52a is the organ	L sization directly or indire	I affiliated	with, or related to, one or more tax-				
-	-	-	nan section 501(c)(3)) or in section		▶Пү	es 🕅	No
	mplete the following sch	•					
	(a)		(b)	(c)			
<u> </u>	Name of organization		Type of organization	Description of relationship			
<u>N/A</u>							
<u> </u>	<u>-</u> .						
			· _ · · · · · · · · · · · · · · · · · ·				
<u></u>							
			-				
<u> </u>			<u> </u>				
<u>-</u> <u>-</u>			·				
			ļ				
			<u> </u>	 			
			1				

Form 990		Spec	ial Events S	chedule				2000
Form 330	For calendar year 2	000, or tax year bega	nning	7/01/00	, and ending	6	/30/01	2000
Name	_						Employer Ide	nufication Number
ART MUSEUM	OF GREATER	LAFAEYTTE	<u>, INC</u>				35-0828	3754
		(A)	(B)	(C)		Othe	118	Total
Gross receipts		76,325	6,065		0		0	82,390
Less contribution	ns	0	0		<u> </u>			0
Gross revenue		76,325	6,065		0		0	82,390
Less direct expe	nses	54,032	5,185		0		0	<u>59,217</u>
Net income (loss)	22,293	880		<u> </u>			23,173

Descriptions A)	ANNUAL AUCTION
B)	ART LEAGUE
C)	
Others	
	·

_ _ _ -

Form 990	Mortgages and Ot	her Notes Payable		2000
Form 990	For calendar year 2000, or tax year beginning	7/01/00 , and ending	6/30/01	2000
Name			Employer Ident	ufication Number
ART MUSEU	M OF GREATER LAFAEYTTE, INC		35-0828	754
FORM 990,	PART IV, LINE 64B - ADDITIO	NAL INFORMATION		
		<u> </u>		

<u> </u>
-

	Onginal amount borrowed	Date of loan	Matunty date		Repayment terms	Interest rate
1)			3/31/06	MONTHLY	\$430.02	8.000
?)						
<u>)</u>						
)						
i)	<u>_</u>					
)						
'}						
)						
)						
0)						-

Security provided by borrower	Purpose of loan
REAL ESTATE	ADDITION

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	
1)	27,737	24,691	
)			
)			
)			
)			
<u> </u>			
)			
)			
<u>)</u>		<u></u>	
<u>0)</u>			
Totals	27,737	24,691	

1	· · ·	I		Depreciation	and A	mortiza	tion					545-0172
Form	4562		(Incl	- Indung Informed				- ->			20	00
Depar	ment of the Treasury		_ ·	uding Informat			•				Attachment	
	Il Revenue Service (99) s) shown on return		See separat	BINSTRUCTIONS		Attach this f	orm te	o your retu		fying nu	Sequence f	<u>to 67</u>
	s) shown on return 21	INI MUL		GRIDE LINES		B, INC				-0828		
Busine	ss or activity to which this f	form relates		_								
_12	DIRECT DEPR	ECIATI	ON									
Pa		•	se Certain Tang iny "listed prope		•	•	u coi	nnlete P	art I	_		
1	Maximum dollar limitati						<u>a eo</u> ,	<u></u>		1	\$20,0	00
2	Total cost of section 17		•							2		
3	Threshold cost of secti	on 179 prop	erty before reduction	in limitation						3	\$200,0	00
4	Reduction in limitation	Subtract line	e 3 from line 2 If zer	o or less, enter -0-						4		_
5	Dollar limitation for tax	year Subtra	ict line 4 from line 1	If zero or less, ente	r-0-lfn	named						
	filing separately, see pa	age 2 of the	Instructions							5		
		 a) Description 	n of property		(b) Co	it (business usi	a only)	<u>(c)</u>	Elected cos	t		
6					<u> </u>							
	Luciad property. Enter .				!		-					
7 8	Listed property Enter a Total elected cost of se			n in column (c), lines	e 6 and 7	,	7_			8		
9	Tentative deduction E			• •	s o anu <i>i</i>					9		
10	Carryover of disallower				S					10		
11	Business income limita		• •			o) or line 5 (s	ee insi	tructions)				
12	Section 179 expense d			•		, ,				12		
13	Carryover of disallowed	d deduction t	to 2001 Add lines 9	and 10, less line 12			13					
Note certain	Carryover of disallower Do not use Pert II or Part I computers, or property use	II below for list ed for entertair	ted property (automobile ment, recreation, or an	es certain other vehicle nusementi. Instead. us	es, cellula e Part V f	r telephones, or listed proper	IV.					
	rt II MACRS [<u>)epreciati</u>	on fo <u>r Assets</u> F	Placed in Service	ce Only	y During Y	our	2000 Tax	x Year (i	Do not inc	clude listed prope	rty)
		-		ction A-General As								
14	If you are making the e			• • •		service durin	ig the i	tax year int	o one			• □
	or more general asset											
		21	ection B-General D (b) Month and	(c) Basis for depred		(d) Recovery	oi ine	<u>າກຣາເບ</u> ັດເອກ	5)			
	(a) Classification of prope	rty	year placed in service	(business/investme	int use	period	(e) C	onvention	(f) Meth	bo	(g) Depreciation	deduction
15a	3-year property				VII at							
b	5-year property]									
c	7-year property]						-			
_d	10-year property											
	15-year property					<u> </u>						
<u>_f</u>	20-year property		4									
<u>B</u>	25-year property					25 yrs			\$/L			
h	Residential rental					27 5 yrs		<u>MM</u>	SAL			
<u> </u>	property					27 5 yrs		MM	S/L			
I	Nonresidential real		·			39 yrs		MM	S/L			
	property		tion C-Alternative	Depresention System			6 of th	MM	S/L		• •	
	Class life				in (Aba	Visee page			SAL			
	12-year		1			12 yrs			S/L		-	
	40-year					40 yrs		MM	S/L			
		preciation	n (Do not includ	e listed propert	y) (Se		of the		tions)			
17	GDS and ADS deducti									17		
18	Property subject to see	tion 168(f)(1) election							18		
<u>19</u>	ACRS and other depre			····						19	2	8,718
Pa			ge 6 of the instr	uctions)						,		
20	Listed property Enter a									20		
21	Total Add deductions					-					~	0 7
77	here and on the approp				ations-si	ee instruction	<u>s</u>			21	2	8,718
22	For assets shown above enter the portion of the						22					
	onter alle portion or the		ALLING IN SCHIULI 200	<u></u>	<u></u>	<u> </u>	44					

Form 4582 (2000) · ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754 Page 2 Listed Property- (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V 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) 🗍 Nd 23a Do you have evidence to support the bush /invest use claimed? Yes 23b If "Yes," is the evidence written? Yes No (a)(b) (đ) (e) (f) (a) (h) ſſ (C) Recover Type of prop Date placed in Busn /invest Cost or other Basis for depreciation Method/ Depreciation Elected (list vehicles 118.8 basis (business/investment Convention deduction service oenod section 179 nercentage first) use only) cost Property used more than 50% in a qualified business use (See page 6 of the instructions 24 Property used 50% or less in a qualified business use (See page 6 of the instructions) 25 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 enswer the questions in Section C to see if you meet an exception to completing this section for those vehicles 28 Total business/investment miles driven during (a) (b) (c) (d) (e) (f) Vehide 1 the year (do not include commuting miles-Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 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 Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 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 (•) (c) (d) (1) (b) Amortization (a) Date emortization Amortization for Amontzable Code period or Description of costs beains amount section this year ercentage 40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions)

41 42

41

Amortization of costs that began before 2000

Total Add amounts in column (f) See page 9 of the instructions for where to report

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2129[•] ART MUSEUM OF GREATER LAFAEYTTE,INC 35[±]0828754 Fye 6/30/2001

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

Description	Amount
MEMBERSHIP LOWER LEVEL	\$ 12,09
MEMBERSHIP UPPER LEVEL	22,130
MEMBERSHIP BUSINESS	2,700
YEARLY MEMBERSHIPS	1,36
TOTAL	\$ 38,29

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

Description		 Amount	
INVESTMENT INVESTMENT			\$ 14,485 7,134
TOTAL			\$ 21,619

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

	Desc	_		How Rec'd		Whom Sold	
	Date Acquired	Date Sold	Sale Price		ost & pense	Deprec	Gain/ -Loss
POOLED ACCOUNT NET	REALIZED VARIOUS	VARIOUS	\$7,	PURCHASE	\$		\$ 7,581
TOTAL			\$ <u>7</u> ,	581 \$	0 \$	0	\$ 7,581

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

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

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

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

2129' ART MUSEUM OF GRE	ATER LAFAEYTTE, INC
35-0828754	Federal Statements
FYE 6/30/2001	

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

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

* 2129[,] ART MUSEUM OF GREATER LAFAEYTTE,INC 35-0828754 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
		<u>·</u> ··	······································	

¹ 2129² ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754 FYE 6/30/2001

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

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

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

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

Description				
	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
COMMUNITY SERIVCE ROOM			0.71 000 0	
REAL ESTATE	\$ 271,328 \$	\$\$	271,328 \$	
	110,942		110,942	
CAPITAL IMPROVEMENTS	364,792		358,445	
FURNITURE & FIXTURES	-			
AD COMMUNITY SERVICE ROOM	135,511		105,533	
		103,923		112,531
AD REAL ESTATE		96,019		98,593
AD CAPITAL IMRROVEMENTS		·		·
AD FUNITURE & FIXTURES		188,890		195,409
		107,288		81,979
TOTAL	\$882,573	\$ <u>496,120</u> \$	846,248 \$	488,512

_ _ _

2129' ART MUSEUM OF GREATER LAFAEYTTE,INC 35-0828754 Federal Statements FYE 6/30/2001

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

Statement 11 - Form 990, Part IV, Line 62 - Deferred Revenue				
Description	Beginning _ of Year	End of Year		
DEFERED INCOME PROGRAM SA	\$	\$ 2,650		
TOTAL	\$0	\$2,650		

Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities						
Description	Beginning of Year	End of Year				
AGENCY ACCOUNT ARTS CONS	\$ 3,590	\$ 589				
TOTAL	\$3,590	\$ 589				

2'129' ART MUSEUM OF GREATER LAFAEYTTE,INC 35-0828754 Fye 6/30/2001

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

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

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

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

BOARD OF DIRECTORS, 2000-2001

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ALM, Dave Spouse: Louie Laskowski 307 Prairie Street Dave's Computer World Brookston, IN 47923 P.O Box 428 Brookston, In 47923 Phone: 563-3504 Fax: 563-6480 E-Mail: dave@dcwi com AMICK, Lorie Spouse: Doug 3708 Chancellor Way West Lafayette, IN 47906 Phone: 463-2575 Fax: E-Mail: amick@home net **CLAPPER**, Brenda Spouse: Marc Ball Eggleston Bumbleburg McBride 1705 Stonegate Circle Walkey & Stapleton Lafayette, IN 47909 P.O Box 1535 477-0104 Lafayette, IN 47901 mbrclapper@yahoo com Phone: 742-9046 Fax: 742-1966 E-Mail: bclapper@ball-law com **COLES**, Suzie Spouse: Larry **Tippecanoe Arts Federation** 150 Hideaway Lane W Lafayette, IN 47906 638 North Street Lafayette, IN 47901 463-5818 Phone: 423-2787 Fax: 742-5724 E-Mail: suzie@dcwi com DANIEL, Donald L Spouse: Sandy 118 1/2 N 3rd Street 4700 North 140 West Lafayette, IN 47905 W Lafayette, IN 47906 Phone: 742-1151 497-4874 742-1152 Fax: E-Mail:

	avings Bank 528 ↓ 47902	Spouse:	Michael Thebo 9048 Northridge Lane Battle Ground, 47920 497-4665
Lafayette, IN Phone: Fax:	Street, Sule 200A 47901	Spouse:	Nicole 226 Floyd Court W Lafayette, IN 47906 463-3123
Lafayette, IN Phone: Fax:	e Insurance oad, P O Box 7007 I 47903	Spouse:	Kathy 1820 Castellan Drive Lafayette, IN 47905 742-5933
	Corporation Street 47970	Spouse:	Ellie 920 State Street Lafayette, IN 47905 742-6449
HELMKAMP 1056 Windwe West Lafaye Phone: E-Mail:		Spouse:	John
HINZE, Marıl 30 Brook Hoi West Lafaye Phone: Fax: E-Mail:	llow tte, In 47906	Spouse:	William

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"Government at the Speed of Business"

<u>Name Searched On</u>. 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:

<u>Control Number</u>. 192576-019 <u>Status</u>: Active <u>Entity Type</u> 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:

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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 AIIN 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

https://www.ai.org/sos/bus_service/online_corps/Detail_Info asp?Odcn=192576-019&stype=1 8/13/01

£125 11/12/200	1				
Form ' 8868 Application for Extension of Time To File an (December 2000) Exempt Organization Return OMB No 1545-					
Department of the Treasury					
Internal Revenue		File a separate application for each return	▶⊠		
	-	omatic 3-Month Extension, complete only Part I and check this box Intional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form	_		
-	-	Il unless you have already been granted an automatic 3-month extension on a previou	•		
Form 8868	oompioter are				
Part'l	Automati	: 3-Month Extension of Time- Only submit original (no copies needed)			
Note Form 99		ons requesting an automatic 6-month extension-check this box and complete Part I only	▶ ⊠		
All other corpo	rations (includi	ng Form 990-C filers) must use Form 7004 to request an extension of time to file income tax	_		
returns Partne	rships, REMIC	s and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or	1041		
Type or	Name of Exe	mpt Organization	Employer identification number		
print	1				
File by the	ART MU	SEUM OF GREATER LAFAEYTTE, INC	35-0828754		
due date for filing your return See	· ·	et, and room or suite no lf a PO box, see instructions UTH 10TH STREET			
instructions	City, town or	post office, state, and ZIP code For a foreign address, see instructions TTE IN 47905-1173			
Check type of	return to be f	iled (file a separate application for each return)			
X Form 99	0	Form 990-T (corporation)	Form 4720		
🗌 Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)	Form 5227		
Form 99	0-EZ	Form 990-T (trust other than above)	Form 6069		
Form 99	0-PF	Form 1041-A	Form 8870		
-		ot have an office or place of business in the United States, check this box	▶⊔		
	-	rn, enter the organization's four digit Group Exemption Number (GEN)	If this is		
for the whole g	-		with the		
		rs the extension will cover			
-		B-month (6-month, for 990-T corporation) extension of time until $2/15/6$			
	-	zation return for the organization named above. The extension is for the organization's return	n ror		
	calendar year	or ing7/01/00 , and ending6/30/01_			
▶ ⊠ :	lax year beginr				
2 If this tax	year is for les	s than 12 months, check reason	lange in accounting period		
	-	Form 990-BL 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	•		
		See instructions	<u>ه</u>		
		Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	e		
	-	year overpayment allowed as a credit Ime 3b from line 3a Include your payment with this form, or, if required, deposit	*		
		equired, by using EFTPS (Electronic Federal Tax Payment System) See			
instructio		equired, by using LTTTO (Lieutonic rederal tux rayment dyatenty dee	\$		
#150 ULU		Signature and Verification			
Under penalties	s of penury. I d	eclare that I have examined this form, including accompanying schedules and statements, ar	nd to the best of my		
	-	, correct, and complete, and that I am authorized to prepare this form	-		
	$\hat{\Omega}$	· · · ·			

Title Signature

Date 11/12/01 Form 8868 (12-2000)

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For Paperwork Reduction Act Notice, see Instruction

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