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	1/22/2003 10 0	M		
orm	990	1		OMB No 1545-0047
0		Return of Organization Exempt From Income Tax		2001
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lu	ng	Open to Public
epartm temal i	ient of the Trea Revenue Servi	Inv benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements		Inspection
For	r the 2001, ca	andar year, or tax year beginning 7/01/01, and ending 6/30/02		
Che	eck il applicable		D EI	mployer ID number
□ ^	ddress change	label of	3	<u>5-0828754</u>
М []	lame change		E Te	elephone number
In	nitial return	type Number and street (or P O box if mail is not delivered to street address) Room/suite	7	<u>65-742-1128</u>
F	inal return		_	ccounting method 📋 Cash
_ A	mended return	Specific City or town, state or country, and ZIP + 4	X Ac	crual 🚺 Other (specify)
	ending	tions. LAFAYETTE IN 47905-1173		. <u></u>
	•	Soction 501(c)(3) organizations and 4947(a)(1) nonexempt charitablet and I are not applicable to secure	on 527	7 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) is this a group return for af	fillates	? 🧻 Yes 🔏 No
We	eb site 🕨	H(b) If "Yes " enter no of affiliat		
Org	ganization ty	e H(c) Are all affiliates included?		🔀 N/A 📋 Yes 🗌 No
(ch	eck only one	▶ 🔀 501(c) ( 3 ) < (insert no ) [ 4947(a)(1) or [ 527] (if "No * att a list See inst	r)	
Chi	eck here 🛛 🕨	If the organization's gross receipts are normally not more than H(d) is this a separate return file	ed by a	an 🔀 N/A
\$25	5,000 The or	anization need not file a return with the IRS, but if the organization organization covered by a	group	ruling?
rec	erved a Form	990 Package in the mail, it should file a return without financial data		
			organi;	zation is not required
		dd lines 6b, 8b, 9b, and 10b to line 12  276, 823 to attach Sch B (Form	-	•
Part	LI Re	enue, Expenses, and Changes in Net Assets or Fund Balances (See Specific In	struc	ctions on page 16)
T		ons, gifts, grants, and similar amounts received		
		blic support   1a  15,680		
1		ublic support 1b 34,111	•	
	_	ent contributions (grants)		
		d lines 1a through 1c) (cash \$ 49,791 noncash \$ )	1d	49,791
	-	service revenue including government fees and contracts (from Part VII, line 93)	2	97,482
3		hip dues and assessments SEE STMT 1	3	45,198
		n savings and temporary cash investments	4	1,692
		and interest from securities	5	
	6a Gross r		5	<u> </u>
-1		Lincome or (loss) (subtract line 6b from line 6a)	6-	
2	C Netrem		6c 7	14,991
21		estment income (descripe 6 200 BEEF STMT 2 ) nount from selesto Fassets other (A) Securities (B) Other	1	14,991
	8a Gross a	iount from seles of assets other (A) Secunties (B) Other		
	than inv			
		oss) (attachischedille)4,022 8c6,600	ĺ.	
	_	or (loss) (combine line 8c, columns (A) and (B)) SEE STMT 3 SEE STMT 4	<u>8d</u>	-2,578
1		vents and activities (attach schedule)		
		renue (not including \$ of		
		ons reported on line 1a) 9a 57,636		
1		act expenses other than fundraising expenses 9b26,618		1
		ne or (loss) from special events (subtract line 9b from line 9a)	9c	31,018
1		es of inventory, less returns and allowances 10a 4,294		1
1		t of goods sold 10b 4,536		1
	c Gross p	ofit or (loss) from sales of inventory (att sch.) (subtract line 10b from line 10a) STMT 5	10c	-242
			11	1,717
	1 Other re	enue (from Part VII, line 103)		
1	1 Other re 2 Total re	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	239,069
1	1 Other re 2 Total re 3 Program	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) services (from line 44, column (B))		203,487
1	1 Other re 2 Total re 3 Program	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	203,487 39,398
1   1   1	<ol> <li>Other re</li> <li>Total re</li> <li>Program</li> <li>Manage</li> </ol>	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) services (from line 44, column (B))	12 13	203,487
1 1 1 1	1 Other re 2 Total re 3 Program 4 Manage 5 Fundram	enue (add lines 1d, 2, 3, 4, <u>5, 6c, 7, 8d, 9c, 10c, and 11)</u> services (from line 44, column (B)) ient and general (from line 44, column (C))	12 13 14	203,487 39,398
1 1 1 1 1	1 Other re 2 Total re 3 Program 4 Manage 5 Fundram 6 Paymer	enue (add lines 1d, 2, 3, 4, <u>5, 6c, 7, 8d, 9c, 10c, and 11)</u> services (from line 44, column (B)) nent and general (from line 44, column (C)) ng (from line 44, column (D))	12 13 14 15	203,487 39,398 36,761 279,646
1 1 1 1 1	1 Other re 2 Total re 3 Program 4 Manage 5 Fundrau 6 Paymer 7 Total ep	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) services (from line 44, column (B)) nent and general (from line 44, column (C)) ng (from line 44, column (D)) s to affiliates (attach schedule)	12 13 14 15 16	203,487 39,398 36,761 279,646 40,577
1 1 1 1 1 4 1	1Other re2Total re3Program4Manage5Fundrau6Paymer7Total ex8Excess	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) services (from line 44, column (B)) nent and general (from line 44, column (C)) ng (from line 44, column (D)) s to affiliates (attach schedule) eenses (add lines 16 and 44, column (A))	12 13 14 15 16 17	203,487 39,398 36,761 279,646
1 1 1 1 1 4 1 3 1	1Other re2Total re3Program4Manage5Fundrau6Paymer7Total excess9Net ass	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) services (from line 44, column (B)) nent and general (from line 44, column (C)) ng (from line 44, column (D)) is to affiliates (attach schedule) nenses (add lines 16 and 44, column (A)) r (deficit) for the year (subtract line 17 from line 12)	12 13 14 15 16 17 18	203,487 39,398 36,761 279,646 -40,577
1 1 1 1 1 4 1 5 1	1Other red2Total red3Program4Manage5Fundram6Paymer7Total ep8Excess9Net ass0Other cl	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) services (from line 44, column (B)) nent and general (from line 44, column (C)) ng (from line 44, column (D)) is to affiliates (attach schedule) renses (add lines 16 and 44, column (A)) r (deficit) for the year (subtract line 17 from line 12) is or fund balances at beginning of year (from line 73, column (A))	12 13 14 15 16 17 18 19	203,487 39,398 36,761 

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#### Form 990 (2001) ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754

Do not include amounts reported on line		(A) Total	(B) Program	Specific Instructions on p (C) Management	(D) Fundralsing
<u>6b, 8b, 9b, 10b, or 16 of Part l</u>			services	and general	
			Í	}	
(cash\$ cash \$	) 22				
Specific assistance to individuals STMT 7	23	<u>977</u> _	977	1	
Benefits paid to or for members	24				
Compensation of officers, directors, etc	25				
Other salanes and wages					
Pension plan contributions					
-		<u> </u>	6,238	743	<u> </u>
-					
-		<u> </u>		<u> </u>	
Supplies			6,533		5,832
Telephone					
Postage and shipping		6,108			
Occupancy					
Equipment rental and maintenance				<u> </u>	<u>42</u>
Printing and publications		7,851	7,851		
Travel	39				
Conferences, conventions, and meetings	40				
Interest	41				
Depreciation, depletion, etc. (att. sch.)	42	<u>28,774</u>	21,581	4,316	2 <u>,877</u>
Other expenses not covered above (itemize) a	<u>43</u> a				
SEE STATEMENT 8	43b	63,213	56,158	5,806	<u>1,249</u>
;	43c				
1	43d				
,	43e				
	15 44	279,646	203,487	39,398	36,761
Int Costs Check  I I if you are following SOP 98-2				. –	
	ising solicita		am services?	►   ! Y	
/es * enter (I) the aggregate amount of these joint costs\$				_	res 🔏 No
		, (ii) the :		_	(es 🛃 No 
		and (iv) the	amount allocated to Progr amount allocated to Fund	am services \$	(es 🖾 No
Part III Statement of Program Service Ac	complis	and (iv) the	amount allocated to Progr amount allocated to Fund	am services \$	
Part III Statement of Program Service Activation's primary exempt purpose?		and (iv) the hments (See Sp	amount allocated to Progr amount allocated to Fund	am services \$	Program Service
Part III Statement of Program Service Activation Springer Statement of Program Service Activation Springer Statement Structure Activation Statement Structure Statement Statement Structure Structure Structure Statement Structure Structure Statement Structure Structur	DUCAT	and (iv) the hments (See Sp	amount allocated to Progr amount allocated to Fund ecific Instructions	am services \$ raising \$ On page 24 )	Program Service Expenses (Required for 501(c)(3) a
Part III Statement of Program Service Activation Springer Statement of Program Service Activation Springer Statement Structure Activation Statement Structure Statement Statement Statement Structure Structure Structure Statement Structure Structur	DUCAT	and (iv) the hments (See Sp	amount allocated to Progr amount allocated to Fund ecific Instructions	am services \$ raising \$ On page 24 )	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a))
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved idents served, publications issued, etc. Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinition of the second se	amount allocated to Progr amount allocated to Fund ecific Instructions anner State the numi Section 501(c)(3) and ( hts and allocations to co	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a))
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinition of the second se	amount allocated to Progr amount allocated to Fund ecific Instructions anner State the numi Section 501(c)(3) and ( hts and allocations to co	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a) trusts but optional for
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved idents served, publications issued, etc. Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinition of the second se	amount allocated to Progr amount allocated to Fund Control Instructions anner State the numb Section 501(c)(3) and ( ints and allocations to control of the state	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a)( trusts but optional for
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinor ION a clear and concise m are not measurable (S ter the amount of gran VATION, EDUC	amount allocated to Progr amount allocated to Func ecific Instructions anner State the numb Section 501(c)(3) and ( ints and allocations to c ATION	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a)( trusts but optional for others )
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinor ION a clear and concise m are not measurable (S ter the amount of gran VATION, EDUC	amount allocated to Progr amount allocated to Func ecific Instructions anner State the numb Section 501(c)(3) and ( ints and allocations to c ATION	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a)( trusts but optional for others )
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieved panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinor ION a clear and concise m are not measurable (S ter the amount of gran VATION, EDUC	amount allocated to Progr amount allocated to Func ecific Instructions anner State the numb Section 501(c)(3) and ( ints and allocations to c ATION	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3). (4) orgs and 4947(a) trusts but optional for others )
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieved panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spinor ION a clear and concise m are not measurable (S ter the amount of gran VATION, EDUC	amount allocated to Progr amount allocated to Func ecific Instructions anner State the numb Section 501(c)(3) and ( ints and allocations to c ATION	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) (4) orgs and 4947(a) trusts but optional for others )
Specific assistance to individuals       STMT 7       23       977       977         Benefits pad to or for members       Compensation of offices, directors, etc.       22       2,692       673       1,077       942         Compensation of offices, directors, etc.       26       91,389       66,703       7,111       17,575         Pension alls contributions       27       1.68       121       1.4       33         Other engloyee benefits       28       9,073       6,518       776       1,779         Payroll taxes       29       8,684       6,238       743       1,703         Professional fundrasing fees       30       -       -       -       -         Jugal fees       33       15,026       6,533       2,661       5,832         Supplies       33       15,026       6,533       2,108       42         Occupancy       36       30,930       23,198       4,639       3,093         Equipment rental and maintenance       37       5,932       3,762       2,108       42         Conferences, conventions, and meetings       41       2,135       1,601       320       214         Depreciation, depletion, etc (at sch)       42       28,774					
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieved panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Sp ION a clear and concise m are not measurable (S ter the amount of gran VATION, EDUC (Grants and allo	amount allocated to Progr amount allocated to Fund ecific Instructions hanner State the numb ection 501(c)(3) and ( hts and allocations to c ATTON	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) (4) orgs and 4947(a) trusts but optional for others )
Part III Statement of Program Service Activation is the organization's primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieven clients served, publications issued, etc Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Sp ION a clear and concise m are not measurable (S ter the amount of gran VATION, EDUC (Grants and allo	amount allocated to Progr amount allocated to Fund ecific Instructions hanner State the numb ection 501(c)(3) and ( hts and allocations to c ATTON	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) (4) orgs and 4947(a) trusts but optional for others )
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Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Sport ION a clear and concise mare not measurable (S ter the amount of gran VATION, EDUC (Grants and allo	amount allocated to Progr amount allocated to Func ecific Instructions teanner State the number fection 501(c)(3) and ( its and allocations to contend to the ATTON	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3). (4) orgs and 4947(a) trusts but optional for others )
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Sport ION a clear and concise mare not measurable (S ter the amount of gran VATION, EDUC (Grants and allo	amount allocated to Progr amount allocated to Func ecific Instructions teanner State the number fection 501(c)(3) and ( its and allocations to contend to the ATTON	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a) trusts but optional for others )
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spiniture) ION a clear and concise many are not measurable (Signature) (Grants and allow (Grants and allow) (Grants and allow)	amount allocated to Progr amount allocated to Fund ecific Instructions canner State the numb faction 501(c)(3) and ( ints and allocations to o ATTON ocations \$	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a)( trusts but optional for others )
Part III Statement of Program Service Activation is primary exempt purpose? ART COLLECTION, EXHIBITS, E organizations must describe their exempt purpose achieved publications issued, etc Discuss achieven panizations and 4947(a)(1) nonexempt chantable trusts m ACQUISITION, EXHIBITIONS, P BY MUSEUM	DUCAT rements in nents that a ust also en	and (iv) the hments (See Spiniture) ION a clear and concise many are not measurable (Signature) (Grants and allow (Grants and allow) (Grants and allow)	amount allocated to Progr amount allocated to Fund ecific Instructions canner State the numb faction 501(c)(3) and ( ints and allocations to o ATTON ocations \$	am services \$ raising \$ on page 24 ) per 4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs and 4947(a) trusts but optional for others )

#### Form 990 (2001) ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754

2 Part IV Balance Sheets (See Specific Instructions on page 24 )

Note	Where required, attached schedules and amounts wit	hin the description	(A) Beginning of year		(8) End of year
45	column should be for end-of-year amounts only		Beginning of year 323	45	End of year 32
45	Savings and temporary cash investments		62,851	45	68,37
	Savings and temporary cash investments		027051		00,57
47a	Accounts receivable	47a			
b	Less allowance for doubtful accounts	47b	4,050	470	
		410		4.0	
48a	Pledges receivable	48a			
	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable		9,302	49	11,00
50	Receivables from officers directors, trustees, and key				<u> </u>
	(attach schedule)			50	
51a					
1	schedule)	51a			
ь	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use		9,529	52	6,71
53	Prepaid expenses and deferred charges		3,259		2,00
54	Investments-securities SEE STMT	9 ▶ 🗍 Cost 🕅 FMV	269,496		256,46
55a	Investments-land, buildings, and				
	equipment basis	55a _		:	
ь	Less accumulated depreciation (attach				
	schedule)	55b		55c	
56	Investments-other (attach schedule)	SEE STMT 10	22,539	56	23,02
57a	Land, buildings, and equipment basis	57a 840,964			
Ь	Less accumulated depreciation (attach				
	schedule) SEE STMT 11	57b 509,609	<u>35</u> 7,736	57c	331,35
58	Other assets (describe ► SEE STMT 12	)	6,359	58	5,87
59	Total assets (add lines 45 through 58) (must equal lin	ne 74)	745,444	59	705,13
60	Accounts payable and accrued expenses		20,472	60	14,94
61	Grants payable			61	
62	Deferred revenue	SEE STMT 13	2,650	62	6,06
63	Loans from officers, directors, trustees and key emplo	· · ·			07_00
	schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	<u> </u>
Ь	Mortgages and other notes payable (attach schedule)	SEE WORKSHEET	24,691		21,66
65	Other liabilities (describe ► SEE STMT 1		589		58
66	Total liabilities (add liace 60 through 65)		49 400		42.00
	Total liabilities (add lines 60 through 65) Inizations that follow SFAS 117, check here X	and complete lines	48,402	_66	43,26
0.90	67 through 69 and lines 73 and 74	and complete lines			
67	Unrestricted		632,009	67	593,81
68	Temporanly restricted		23,576		25,89
	Permanently restricted		41,457		42,16
	inizations that do not follow SFAS 117, check here	▶ □ and		09	42,10
3	complete lines 70 through 74				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipr	nent fund		70	
72	Retained earnings, endowment, accumulated income,			72	
73	Total net assets or fund balances (add lines 67 thro			~	
	70 through 72,	-8			
1	column (A) must equal line 19, column (B) must equa	al line 21)	697,042	~	661,87
1	Total liabilities and net assets / fund balances (add	,	745,444		705,13

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 DAA

2129	01/22/2003	10 03 AM

<u>/A</u>	Return (See Specific	with Revenue p Instructions, pag		N/A	F	econciliation ( Inancial Stater Seturn	-	-		
per audited fi Amounts incl line 12, Form	e, gains, and other support inancial statements I luded on line a but not on h 990	a	· · · · ·	a To au b Ar or	ital expenses dited financia nounts include line 17, Form	and losses per I statements ed on line a but not n 990	►	a	÷	 
investments Donated servior of facilities	\$ vices and use \$		,	of (2) Pr rc	facilities <u>\$</u> for year adjus ported on line	tments				, , , , ,
year grants	\$			( <b>3)</b> Lo Fo	sses reported	on line 20,			· ·	4 4 3 3
Line a minus Amounts incl Form 990 but Investment e not included Form 990 Other (specif	Ine b Iuded on line 12, t not on line a expenses on line 6b, <u>\$</u> (y) \$	b		c Lii d Ar Fc (1) In Fc	ne a minus lin nounts include m 990 but no vestment expe t included on m 990 §	e <b>b</b> ed on line 17, ot on line <b>a</b> enses	4) ►	b c		 
Total revenue (line c plus lir	e per line 12, Form 990 ne d)	d e rs, Trustees, and	Key En	e To (lur	tal expenses	per line 17, Form 9 d)		e ated, see S		
Ins	(A) Name and address			(B) Title hours p	and average ber week	(C) Compensation (If not paid, enter -0)			(E) Exp account an	d other
AFAYETT Teven p	E, IN AULUS		A B	S NE		0 2,692		0		0
	per audited f Amounts inco line 12, Form Net unrealized investments Donated send of facilities Recovenes of year grants Other (specif Add amounts ince a minus Amounts inco Form 990 but Investment e not included Form 990 Other (specif Add amounts Total revenue (line c plus line rt V Line Inse SE LIST AFAYETT CEVEN P	per audited financial statements   Amounts included on line a but not on   line 12, Form 990   Net unrealized gains on   investments   \$   Donated services and use   of facilities   \$   Recoveries of prior   year grants   \$   Other (specify)   Add amounts on lines (1) through (4) Investment expenses not included on line 12, Form 990 but not on line a Investment expenses not included on line 6b, Form 990 Cother (specify) S Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) rt V List of Officers, Director Instructions on page 26 )	per audited financial statements   Amounts included on line a but not on line 12, Form 990   Net unrealized gains on investments \$   Donated services and use of facilities \$   Recovenes of pnor   year grants \$   Other (specify)   \$   Add amounts on lines (1) through (4)   Line a minus line b   Amounts included on line 12,   Form 990 but not on line a   Investment expenses   not included on line 6b,   Form 990 \$   Other (specify)   \$   Add amounts on lines (1) and (2)   the specify   \$   Add amounts on lines (1) and (2)   the specify   \$   Add amounts on lines (1) and (2)   \$   Add amounts on lines (1) and (2)   \$   Add amounts on lines (1) and (2)   \$   Add amounts on lines (2, Form 990   (ine c plus line d)   \$   (A) Name and address	per audited financial statements   Amounts included on line a but not on   line 12, Form 990   Net unrealized gains on   investments \$   Donated services and use   of facilities \$   Recovenes of pnor   year grants \$   Other (specify)   \$   Add amounts on lines (1) through (4)   b   Line a minus line b   Amounts included on line 12,   Form 990 but not on line a   Investment expenses   not included on line 6b,   Form 990 \$   Other (specify)   \$   Add amounts on lines (1) and (2)   b   c   Add amounts on lines (1) and (2)   a   c   Add amounts on lines (1) and (2)   a   c   Add amounts on lines (1) and (2)   a   Cher (specify)   \$   Add amounts on lines (1) and (2)   a   Cher (specify)   \$   Add amounts on lines (1) and (2)   b   e   rt V   List of Officers, Directors, Trustees, and Key Er   Instructions on page 26 )   (A) Name and address   SE   LIST ATTACHED   A   ATTACHED   A   APAYETTE , IN   A   CEVEN PAULUS	per audited financial statements       a       au       au         Amounts included on line a but not on line 12, Form 990       b       Ar         Net unrealized gains on investments \$       0       of         Donated services and use of facilities \$       (2) Pr         recoveries of prior       Fac         year grants \$       (3) Lio         Other (specify)       (4) Other         Add amounts on lines (1) through (4)       b         Line a minus line b       c         Are out included on line 12,       c         Form 990 but not on line a       not included on line 6b,         Investment expenses       (1) Im         not included on line 6b,       Form 990         Cother (specify)       (2) Other         Xadd amounts on lines (1) and (2)       d         Add amounts on lines (1) and (2)       d         Total revenue per line 12, Form 990       e         (line c plus line d)       e         (A) Name and address       (B) Title hours devotes         BOD       AS NE         EE LIST ATTACHED       BOD         AFAYETTE, IN       AS NE	per audited financial statements       a       audited financial         Amounts included on line a but not on line 12, Form 990       b       Amounts include on line 17, Form (1) Donated service of facilities \$         Net unrealized gains on investments \$       Donated services and use of facilities \$       (2) Prior year adjus reported on line 7, Form 990 \$         Obnated services and use of facilities \$       (2) Prior year adjus reported on line 7, Form 990 \$       (3) Losses reported on line 7, Form 990 \$         Other (specify)       \$       (4) Other (specify)       (4) Other (specify)         Add amounts on lines (1) through (4)       b       \$         Add amounts on lines (1) through (4)       b       \$         Add amounts on lines (1) through (4)       b       \$         Add amounts on line b       c       c         Armounts included on line 12, Form 990 \$       \$       Add amounts include Form 990 \$         Not included on line 6b, Form 990 \$       \$       \$         Form 990 \$       \$       \$       \$         Other (specify)       \$       \$       \$         Add amounts on lines (1) and (2)       \$       \$       \$         Total revenue per line 12, Form 990       \$       \$       \$         (ine c plus line d)       \$       \$       \$       \$	per audited financial statements       ■       audited financial statements         Amounts included on line a but not on line 12, Form 990       b       Amounts included on line a but not on line 17, Form 990         Net unrealized gains on investments \$       Donated services and use of facilities \$       (1) Donated services and use of facilities \$         Donated services and use of facilities \$       (2) Prior year adjustments reported on line 20, Form 990 \$       (3) Losses reported on line 20, Form 990 \$         Query rants \$       (3) Losses reported on line 20, Form 990 \$       (4) Other (specify)         Add amounts on lines (1) through (4)       b       c       c         Line a minus line b       c       c       Line a minus line b         Amounts included on line 12, Form 990 \$       (4) Other (specify)       (5)         Add amounts on lines (1) through (4)       b       c       Line a minus line b         Amounts included on line 12, Form 990 \$       c       c       Line a minus line b         Add amounts on lines (1) and (2)       b       c       c       Line a minus line b, Form 990 \$         Yout included on line 6b, Form 990 \$       c       c       Line a minus line (1) and (2)       b         Add amounts on lines (1) and (2)       t       d       Add amounts on lines (1) and (2)       c         Total revenue per	per audited financial statements       a         Amounts included on tine a but not on line 12, Form 990       b         Net urrealized gains on investments \$       0         Donated services and use of facilities \$       (2) Prior year adjustments is reported on line 20, Form 990 \$         Contert (specify)       (3) Losses reported on line 20, Form 990 \$         Add amounts on lines (1) through (4)       b         Line a minus line b       c         Amounts included on line 12, Form 990 \$       (4) Other (specify)         Add amounts on lines (1) through (4)       b         Line a minus line b       c         Amounts included on line 12, Form 990 \$         Form 990 \$         Add amounts on lines (1) through (4)       b         Line a minus line b       c         Amounts included on line 12, Form 990 \$         Form 990 \$       (4) Other (specify)         Gal amounts on lines (1) through (4)       b         Line a minus line b       c         Line a minus line b       c         Corm 990 \$       (1) Investment expenses inot included on line 6b, Form 990 \$         Form 990 \$       (1) Investment expenses inot included on lines (1) and (2)         Ford specify)       (2) Other (specify)         (ad amounts on lines (1) and (2)       d     <	per audited financial statements       a         Amounts included on line a but not on line 12, Form 990       b         Net unrealized gains on investments       §         Investments \$       (2) Pror year adjustments received on line 20, Form 990 \$         Gate investments       (3) Losses reported on line 20, Form 990 \$         Year grants       (4) Other (specify)         Add amounts on lines (1) through (4)       b         Line a minus line b       c         Arrounds included on line 12.       Form 990 but not on line a         Form 990 but not on line a       (1) Investment expenses         Investment expenses       (1) Investment expenses         not included on line 6b,       Form 990 \$         Form 990 \$       (2) Other (specify)         Add amounts on lines (1) and (2)       d         (1) Investment expenses row in ince (1) and (2)       d         (2) Other (specify)	per audited financial statements       a         Amounts included on line a but not on line 17, Form 990       b         Net unrealized gains on investments \$       b         Donated services and use of facilities \$       c         Contract services and use of facilities \$       c         Add amounts on lines \$       c         Line a minus line b          Amounts included on line 12,       c         Form 990 \$       c         Cother (specify)       d         Add amounts on lines \$       d         Cother (specify)       d         Add amounts on lines \$       d         Add amounts on lines \$       d

organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes " attach schedule-see Specific Instructions on page 27

	990 (2001) ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754		P: Yes	age 5 No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of	76		
	each activity	<u>76</u> 77		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			<b>^</b>
70-		79-	6 000	· •
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		<u> </u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	79		v
00-	statement	1.8		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
۲.	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 and check whether it is keempt OR nonexempt			
Q1 a				
81a ⊾	Enter direct or indirect political expenditures. See line 81 instr	045		v
b 970	Did the organization file Form 1120-POL for this year? Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	<u>81b</u>		<u> </u>
82a		00-		v
•	or at substantially less than fair rental value?	82a		x
D	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 in Part III.)			ŀ
00-				Ì
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b 04-	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<u>83b</u>	<u>x</u>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		ł	
OF	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? N/A	85b		
	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			
c س	Dues, assessments, and similar amounts from members           Sectors         85c			
d	Section 162(e) lobbying and political expenditures			
• •	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  Tauchta amount of labburg and astronomic (lab 25d lags 25d		ļ	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<u>۰</u>	
0	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
00	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		İ	
b	Gross receipts, included on line 12, for public use of club facilities           504(a)(42) area         54			
87	501(c)(12) orgs Enter a Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other		Ê	
88	sources against amounts due or received from them )			
00	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 7701-37 If "Yes," complete Part IX			v
89a		88		X
094	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		1	
ь	section 4911 O, section 4912 O, section 4955 O 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		ł	
	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	00h		v
~	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	89b	L	<u> </u>
U.	sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			- 0
90a	List the states with which a copy of this return is filed <b>IN</b>			
b	Number of employees employed in the pay penod that includes March 12, 2001 (See instructions ) 90b			
91	The books are in care of $\blacktriangleright$ BOB HAAN $/ \angle \mathcal{E}S$ $\beta \mathcal{E}/\mathcal{E}K\mathcal{E}A$ Telephone no $\blacktriangleright$ 765-	740	-11	2.8
	Located at SAME ZIP + 4 S	, 14		
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  92			- U
		-		

- - - ---

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## Form 990 (2001) ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754

\_ \_ \_ \_

Part VII	Analysis of Income-Prod	ucing Activities (See	Specific Instructions on page 3	age 32 )

\_\_\_\_

Note Enter							513 07 514	/E)
	•	<u>├</u> ─-			î I			Related or
	Business code       Andiant       extension       Andiant       entension         a       SEE       STATEMENT       15       97,4       97,4         b	exempt function						
	Note Energ roos amounts unless otherwise       Urrelate budness income       Excluded by sec. 12: 3: 12 or 54       Excluded by sec. 12: 3: 12 or 54 <td< td=""><td></td></td<>							
	te Energroos amounts unless otherwise circled Program servech revenue Loreated buttess income Excluded years 25: 23: 30 ests Program servech revenue Loreated buttess income Excluded years 25: 23: 30 ests Program servech revenue Loreated buttess income Excluded years 25: 23: 30 ests Program SEE STATEMENT 15  Loreated buttess income Excluded years 25: 23: 30 ests Program Servech revenue Loreated buttess income Excluded years 25: 23: 30 ests Program Servech revenue Loreated buttess income Excluded years 25: 23: 30 ests Program Servech revenue Loreated buttess income Loreated buttess Loreated years Program Servech revenue Loreated buttess Loreated years Program Servech revenue Loreated buttess Loreated years Loreated yea	<u> </u>						
			Unretated business income       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Amount       Excluded by sec 512 513 or 514       (E) or average function         Business code       Excluded by sec 512 513 or 514       (E) or average function       (E) or average function         Business code       Excluded by sec 512 513 or 514       (E) or average function       (E) or average function         Business code       Excluded by sec 512 513 or 514       (E) or average function       (E) or average function         Business code       Excluded by sec 512 513 or 514       (E) or average function       (E) or average function         State       Excluded by sec 512 513 or 514       (E) or average function					
-		<u> </u>			<u> </u>			<u>_</u>
				-				
-		icies			┼───┼	_	ł	48.400
		–			$\left  \right $			
		vestments			+ + + + + + + + + + + + + + + + + + +			1,692
					<u>↓                                     </u>			
		• –						·
			<u></u> .		┥			
	· · · ·							
98 Net ren	tal income or (loss) from personal p	property			┟━━─┼			
								<u>    14,991    </u>
		an inventory						
						31	÷	
102 Gross p	profit or (loss) from sales of invento	ry 📙			2	-	-242	
	· · · · · · · · · · · · · · · · · · ·							<u></u>
		ROOM						1,128
d_VEN	NDING MACHINE							229
e								
104 Subtota	II (add columns (B), (D), and (E))							
105 Total (a	add line 104, columns (B), (D), and	(E))						189,278
Line No					ed importa	antly to the a	accomplish	nment
	of the organization's exempt pur	poses (other than by pro	viding func	is for such purposes)				
<u>N/A</u>						<u> </u>		
								<u> </u>
	<u> </u>							
Part IX			es and D		les (See		tructions c	
Name, ad	Idress, and EIN of corporation,	Percentage of	N N	lature of activities		(U) Total incom	ne 🛛	(E) End-of-vear
partne	rship, or disregarded entity							
<u>N</u>	V/A	%	<u> </u>					
<u> </u>		%						
		%	<u> </u>					
							pecific Ins	tructions on pg 33 )
								Yes X No
<b>(b)</b> Did	the organization, during the year, p	bay premiums, directly or	r indirectly,	on a personal benefit	contract?	•		Yes X No
Note If "	Yes" to (b), file Form 8870 and For	m 4720 (see instructions	s)					
	Under penalties of perjury I declare th	nat I have examined this retu	im including	accompanying schedule	s and stater	ments, and to	the best of	my knowledge
Please	and beliet if is true correct and com	plete Declaration of prepare	r (other than	officer) is based on all in	formation of	f which prepai	rer has any l	knowledge
	Mut V. U.S.	ess otherwise Unrelated basiness income Excluded by gec 512 313 or 51 Effective   T 15 Image: State of the sta	2/03					
	Signature of officer	,	Unrelated business income       Excluded by sec 512 513 or 514       Ref         indesc code       Amount       xCisitor       Amount       Ref         indesc code       Amount       Amount       State       Amount         indesc code       Amount       Amount       Amount       Amount         indesc code       Amount       Amount       Amount       Amount         indesc code       Amount       Amount       Amount       Amount         index code       Amount       Amount       Amount       Amount       Amount         index code       Amount       Amount       Amount       Amount       Amount       Amount         index code       Amount       Amount       Amount       Amount       Amount       Amount       Amount         index code <td< td=""><td></td></td<>					
Hele	KOBERT D. LI	vosty thes	SIDENT					
	Type or print name and title	<u> </u>						
		N	Da	te Check	lf	Prenare	r's SSN or F	TIN (See Gen Instr. W)
Paid		{		line line line line line line line line				
Preparer's		IEL Z. BLOME				· · · ·		
Use Only								
	address and ZIP + 4 WES		•	47906-1337				5-463-7239
							<u> </u>	

2129 01/22/2003 10 03 AM					
SCHEDULE A (Form 990 or 990-EZ)		OMB No 1545-0047			
Department of the Treasury					2001
	MOST be completed by the ab	ove organizations and atta	iched to their Form s		fication number
					stees
		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans (	
NONE					
			<u>.                                    </u>	·	
					<u>+-</u>
				<u> </u>	
(Form 990 or 990-EZ)       (Except Private Foundation) and Section 501(e), 501(f), 50					
Part II Comper	nsation of the Five Highest Pai ge 2 of the instr List each one	d Independent Contra (whether individuals of	actors for Profes r firms) If there a	sional Services are none, enter '	' <u>No</u> ne ")
(a) Name a	and address of each independent contractor pa	id more than \$ 50 000	(b) Type	of service	(c) Compensation
NONE					
		<u> </u>			
professional services	eiving over \$50,000 for	Form 990 and Form 990 EZ	.`	<u>, ^, , , , , , , , , , , , , , , , , , </u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

he	dule	A (Form 990 or 990-EZ) 2001 ART MUSEUM OF GREATER LAFAEYTTE, INC 35-082875	64	P. I	ag I
Pa	rt I	Statements About Activities (See page 2 of the instructions)		Yes	
		ing the year, has the organization attempted to influence national, state, or local legislation, including any			ľ
					t
		t VI-A, or line i of Part VI-B )			ļ
	-	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	-			ł	
		• -			ł
				Į	l
		any taxable organization with which any such person is affiliated as an officer, director, trustee, majority		ł	I
	owr	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			I
		isactions )		ł	ļ
	Sal	e, exchange, or leasing of property?	_ <u>2a</u>		ł
	Ler	ding of money or other extension of credit?	<u>2b</u>		ł
	Fur	nishing of goods, services, or facilities?	2c		
	Der				I
	гdу	ment of compensation (or payment or reimbursament or exp. in more than \$1,000)?			ł
	Tra	nsfer of any part of its income or assets?	<u>2</u> e	┝──-	1
	Do	es the organization make grants for scholarships, fellowships, student loans etc ? (See Note below)	3		
		you have a section 403(b) annuity plan for your employees?	4		1
				``	
					_
C	ngai	· · · · · ·			
	Н				
	Π	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
	IJ	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name	, city,		
		and state			
	U		1)(A)(ı∨)		
	X				
	м				
	Π	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	5		
		receipts from activities related to its chantable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of	f		
			uired		
	П				
	Ц		IS		
		section 509(a)(3)			
		Provide the following information about the supported organizations (See page 5 of the instructions )			
		ng the year. Ras the organization attempted to influence national, state, or local legislation, induding any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses pad current in connection with the lobbying activities   (Must equal amount on line 38, VI-A, or line i of Part VI-B.) anizations that made an election under section 501(h) by fling Form 5768 must complete Part VI-A. Other inizations checking "Yes," must complete Part VI-B. A Ditach a statement giving a detailed description of obbying activities   pi the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, organizations affiliated as an officer, director, trustee, majority endities creators, key employees, or members of their fimilies, or any baselie organization with which any such person is affiliated as an officer, director, trustee, majority endities (e.g. or price) benefocary? (If the save to any question is "Yes," attach a detailed statement explaining the sactions )  e, exchange, or leasing of property?  and g ding of money or other extension of credit?  ster of any part of its income or assets?  s the organization make grants for scholarships, fellowiships, student loans etc ? (See Note below )  and a statement to explain how the organization detiments that fundwalis or organizations receiving grants or assection an ? Quality" to receive payments.  A fund, compensation of churches Section 170(b)(1)(A)(ii)  A fording any early of the benefit of a college or university owned or oparated by a governmental unit. Section 170(b)(1)(A)(iii)  A rediral research organization operated in conjunction with a lospital section 170(b)(1)(A)(iii)  A rediral research organization operated in conjunction with a lospital section 170(b)(1)(A)(iii)  A rediral research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii)  A rediral research organization operated in conjunction with a hospital		umbe	ſ
			from a	above	

Schedule A (Form 990 or 990-EZ) 2001 ART MUSEUM OF GREATER LAFAEYTTE, INC 35 - 0828754 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

Caler	ndar yea <u>r (or fiscal y</u> ear beginning in) 🕨 🕨	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
15	Gifts, grants and contributions						_
	received (Do not include unusual						
	grants See line 28 )	68,333	178,439		<u>    193,3'</u>		
<u>16</u>	Membership fees received	38,294	37,750	38,655	39,99	96 154,69	5
17	Gross receipts from admissions merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to						
	the organization's charitable, etc_purpose	68,071	139,822	146,769	<u> </u>	<u>83 476,04</u>	<u>5</u>
18	Gross inc. from Int. dividends amounts						
	received from pymt on securities						
	loans (section 512(a)(5)) rents royalties & unrelated bush taxable inc (less						
	sec 511 taxes) from businesses acquired						_
	by the organization after June 30 1975	23,622	42,141	65,050	68,8	<u>50 199,66</u>	3
19	Net income from unrelated business						
	activities not included in line 18		·				_
20	Tax revnillevied for the organization's ben						
	& either paid to it or expended on its behalf						_
21	The value of serv or fact furnished to the org by a governmental unit without charge						
	Do not incli the value of servi or facigen-						
22	erally furnished to the public without charge		· · · · · · · · · · · · · · · · · · ·	·	<b>_</b>		_
~~	Other income Attach a schedule Do not include gain or (loss)	6 0 2 2	1 260	1 406	1 31		2
	from sale of cap assets	6,032 204,352			<u>1,3</u> 424,9		
<u>23</u> 24	Total of lines 15 through 22 Line 23 minus line 17	136,281			303,5		
<u>24</u> 25	Enter 1% of line 23	2,044	3,995		<u> </u>		2
26	Organizations described on lines 10 d		of amount in column (			18,630	ñ
20	organizations described on lines to t			5), une 24	-	<u>00 10705</u>	ř,
ь	Prepare a list for your records to show th	e name of and amoun	t contributed by each r	nerson (other than a			
	governmental unit or publicly supported			•	Ē	^   · · ·	~ *
	amount shown in line 26a Do not file th	= =	=	=	. ▶ 2	86b	
с	Total support for section 509(a)(1) test 1	•			. –	86c 931,490	ត
d		18 <u>199</u>	•		· F		-
			,152 26b		▶ 2	209,81	5
9	Public support (line 26c minus line 26d t					26e 721,68	
f	Public support percentage (line 26e (r	numerator) divided by	/ line 26c (denominat	or))		26f 77.4755	
27	Organizations described on line 12	a For amounts inclu-	ded in lines 15, 16, an	d 17 that were received	from a "disqualifi	ed	_
	person," prepare a list for your records to	o show the name of, ar	nd total amounts receiv	ved in each year from,	each "disqualified	person *	
	Do not file this list with your return E	nter the sum of such a	mounts for each year			N/.	A
	(2000) (1	999)	(1998	)	(1997)	)	
b	For any amount included in line 17 that v	was received from each	n person (other than "o	lisqualified persons"), p	prepare a list for yo	our records to	
	show the name of, and amount received	for each year, that wa	s more than the large	r of (1) the amount on l	ine 25 for the year	or (2) \$5,000	
	(Include in the list organizations describe	-			-	•	
	the difference between the amount receiption	ved and the larger amo	ount described in (1) o	r (2), enter the sum of	these differences (	•	
	amounts) for each year					N/.	A
	•	999)	(1998	)	(1997)	)	
С	Add Amounts from column (e) for lines	15	16		<b>.</b>	- 1	
	17	20	21		. H	27c	_
d		and line 2	ro total			27d	_
e 	Public support (line 27c total minus line )	•	3	► lare l		27e	-
1	Total support for section 509(a)(2) test I			► 271		- l	, 
9 5	Public support percentage (line 27e (l	• •	•	••			<u>%</u>
<u>h</u> 28	Investment income percentage (line 1 Unusual Grants For an organization de						<u>%</u>
40	prepare a list for your records to show, fi					•	
	description of the nature of the grant. Do				-	71	

Page 3

	edule A (Form 990 or 990-EZ) 2001 ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754 art V, Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		Pi	age 4
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/2	<u> </u>	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			<u> </u>
	brochures, catalogues, and other written communications with the public dealing with student admissions,	1.4		· ·
	programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the penod of solicitation for students, or during the registration period if it has no solicitation program, in a way	<b>.</b> .		
	that makes the policy known to all parts of the general community it serves?	31	ļ	
	If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement)	ľ		
		1		
			ĺ.,	Í
		1		
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	• •	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory		<u> </u>	<u> </u>
-	basis?	32ь		1
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
				<b></b>
	if you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		ŧ.	
			ŧ	
			I	
33	Does the organization discriminate by race in any way with respect to			
				( <sup>'</sup>
a	Students' nghts or privleges?	<u>33a</u>		<u> </u>
b	Admissions policies?	33Ь		
		330		<u> </u>
с	Employment of faculty or administrative staff?	33c	1	
			i——	
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	<u>33e</u>	_	
f	Use of facilities?	<u>33f</u>		
			1	
g	Athletic programs?	<u>33g</u>	<u> </u>	<u> </u>
ь	Other extracumcular activities?			
		33h	<u> </u>	├──
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		F	ł	
			1.5	
			ľ	
		1	1	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<u> </u>	
b	Has the organization's right to such aid ever been revoked or suspended?	<u>34b</u>		<b> </b>
	If you answered "Yes" to either 34a or b please explain using an attached statement		• •	8
35	Does the organization certify that it has complied with the combinetic section of a stress of a stress to a stress	ŀ	1	
55	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	35		ľ
		1.00		

Schedule A (Form 990 or 900-EZ) 2001

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#### Schedule A (Form 990 or 990-EZ) 2001 ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Page	5

Ch	eck 🕨 a 🔲 if the organization belongs	to an affiliated group	Check 🕨 b	If you	u ch	ecked "a" and "limited co	ntrol <sup>®</sup> provisions apply
		bbying Expenditure				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence put	blic opinion (grassroots lo	bbying)	3	36		
37	Total lobbying expenditures to influence a le	egislative body (direct lob	bying)		37		
38	Total lobbying expenditures (add lines 36 a	nd 37)		3	38		
39	Other exempt purpose expenditures			3	39		
40	Total exempt purpose expenditures (add lin	es 38 and 39)			10		
41	Lobbying nontaxable amount Enter the am	ount from the following ta	able-				
	If the amount on line 40 is-	The lobbying nontaxat	ble amount is-			· ·	
	Not over \$500,000	20% of the amount on li	ine 40		Ī	с. С	11 A.
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	he excess over \$500 0	00			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	he excess over \$1,000,	.000 4	11		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,0	200			
	Over \$17,000,000	\$1,000,000		!!			
42	Grassroots nontaxable amount (enter 25%	of line 41)			12		
43	Subtract line 42 from line 36 Enter -0- if line	e 42 is more than line 36		4	13		
44	Subtract line 41 from line 38 Enter -0- if line	e 41 is more than line 38			14		
						· · · · · · · · · · · · · · · · · · ·	
	Caution If there is an amount on either line	e 43 or line 44, you must f	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 11 of the instructions )

		Lobbying Expe	nditures During 4-Y	ear Averaging	Perio	d la
Calendar year (or	(a)	(b)	(c)	(d)		(e)
fiscal year beginning in) 🕨	2001	2000	1999	1998		Total
45 Lobbying nontaxable amount						
46 Lobbying ceiling amount (150% of						
line 45(e))	1 1 1	· •			·,	
47 Total lobbying expenditures						<u></u>
48 Grassroots nontaxable amount						
49 Grassroots ceiling amount (150% of	· · ·			······		
line 48(e))						
50 Grassroots lobbying expenditures						
Part VI-B Lobbying Activity (For reporting only	y by organizations	that did not comp	lete Part VI-A) (S	See page 12	2 of th	e instr ) N
During the year, did the organization attemp				Yes	No	Amount
attempt to influence public opinion on a legi	slative matter or refere	endum through the use	of			
a Volunteers						>
b Paid staff or management (include co	mpensation in expens	es reported on lines c th	rough h )			
c Media advertisements						
d Mailings to members, legislators, or the						
e Publications, or published or broadca						
f Grants to other organizations for lobb	ying purposes			1		

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 )

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

(I) Cas	h				51a(i)	<u> </u>
(ii) Oth	er assets				a(u)	X
b Other tran	isactions					
(i) Sale	es or exchanges of asset	s with a non-	chantable exempt organization		b(i)	x
	chases of assets from a				b(ii)	X
••	tal of facilities, equipmer		· +		D(III)	X
• •	mbursement arrangemer				b(IV)	X
• •	ns or loan guarantees				b(v)	X
	-	nomborchin	or fundraising solicitations		b(vi)	X
• •					c	
-	• •	-	ther assets, or paid employees	(b) should always about the fair modest up		<u> </u>
	-			n (b) should always show the fair market val		
-				tion received less than fair market value in a	any	
		t, show in co	blumn (d) the value of the goods, othe			
(a)	(b)		(c)	(d)		
Line no	Amount Involved	Name of	i noncharitable exempt organization	Description of transfers_transactions, and s	sharing arrangement	s
N/A		L				
-						
						<u> </u>
		L			-	
				<u> </u>		
	Î					
		·				
				······································		
	-					
<u> </u>				<u> </u>		
		L				
		-	d with, or related to, one or more tax-			
			than section 501(c)(3)) or in section	527?	▶ 🗌 Yes	X No
<u>blf"Y</u> es," c	complete the following sc	hedule				
	(a)		(b)	(c)		
	Name of organization		Type of organization	Description of relationsh	ip	
N/A						
·				<u> </u>		
<u>. –</u>		<u> </u>				
		·	├──── <del>─</del> ───┼			
<u> </u>						
					<u> </u>	
<u>-</u> .			h			
			<u> </u>		·	
			<b>_</b>			
-	<u> </u>		F			
			<u>├</u>	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			·		
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
~ * *						
DAA				Schedule A (Fo	rm 990 or 990-E2	2) 2001
DAA				Schedule A (Fo	rm 990 or 990-E2	2001

#### Schedule A (Form 990 or 990-EZ) 2001 ART MUSEUM OF GREATER LAFAEYTTE, INC 35 - 0828754 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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 nonchantable exempt organization of

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51

No

Yes

## 2129 ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754 Federal Statements 35-0828754

FYE 6/30/2002

•

#### Statement 15 - Form 990, Part VII, Line 93 - Program Service Revenue

\_ \_

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	 Related Income
ART SMART AMERICA	5	\$		\$	\$ 115
FUSION FRIDAY					1,195
EXCURSION					3,950
SPONSORSHIP EXHIBITION					4,500
TUITION CLASS=SAP					-144
STUDIO SUPPLIES SAP					-584
TUITION ADULT-SAP					33,325
SUPPLIES ADULT-SAP					3,311
TUITION CHILDREN-SAP					8,592
SUPPLIES CHILDREN-SAP					1,309
HOUSE STORIES					10,395
SARMARA					31,518
TOTAL	:	\$0		\$0	\$ 97,482

	For calendar year 2001, or tax year beginning 7/01/01, and ending 6/30/							
Form <b>990</b>		r vear 2001, or tax vear be	ainnina	7/01/01	and ending	6.	/30/02	2001
ame		<u>, 100, 100, 0, 0, 0, 90, 90, 00</u>	<u>.a</u> a		<u></u>	Ī		Identification Numbe
ART MIST	TIM OF GRE	ATER LAFAEYTT	E. INC		-		<u>35-08</u>	28754
<u> </u>	<u></u>		<u></u>					
		(A)	(B)	(C)		Othe	r <b>s</b>	Total
Gross recei	ipts	48,202	9,434		0		0	57,630
Less contri	butions	0	0		<u> </u>		0	
Gross revei	nue	48,202	9,434		0		0	57,630
Less direct	expenses	21,056	5,562		<u> </u>		0	26,61
Net income	(loss)	27,146	3,872	_	<u> </u>		0	31,018
B)	ART LEAGU	UCTION						
B)	ART LEAG							
C)	ART LEAGU							
	ART LEAGU							
C)	<u>ART LEAGU</u>							
C)	<u>ART LEAGU</u>							
C)	<u>ART LEAGU</u>							
C)								
C)								
C)								
C)								
C)								
C)								
C)								
C)								
C)								

(10)

2129 01/22/2003 10 03 AM		
Form Mortgages and Oth	er Notes Payable	
990/990-PF For calendar year 2001, or tax year beginning	7/01/01 , and ending	6/30/02 <b>2001</b>
Name		Employer Identification Number
ART MUSEUM OF GREATER LAFAEYTTE, INC		35-0828754
FORM 990, PART IV, LINE 64B - ADDITION	AL_INFORMATION	<u></u>
Name of lender	Relationship to	disqualified person
(1) LAFAYETTE SAVING BANK		
(2) (3)		
(4)		······································
(5) (6)		
(7) (8)		
(9)		

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

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)		24,691	21,665
(2)			
(3)			·
(4)			
5)			
6)			
7)			
8)			
9)			<u>_</u> .
10)			<u> </u>
Totals		24,691	21,665

2129	01/22/2003 10 03 AM									
		1	D	epreciation a	and Amort	izatic	n			OMB No 1545-0172
Form				•						2001
	March 2002) Iment of the Treasury		(Inclu	uding Informatio	on on Listed	l Prop	erty)			
	Department of the Treasury Internal Revenue Service         See separate instructions         Attach to your tax return           Name(s) shown on return         ART MUSEUM OF GREATER LAFAEYTTE, INC         Identifying num								Atlachment Sequence No 67	
Name	s) shown on return A	RT MUS	SEUM OF GRI	SATER LAFA	EYTTE, IN	C				number 28754
Busine	ess or activity to which this t	form relates						1_33-	002	
	IDIRECT DEPR		ION							
				gible Property U	Inder Sectio	n 179				
	Note. If ye	<u>ou have a</u>	any listed proper	ty, complete Pa	rt V before y		nplete Pa	art I		
1	Maximum amount See			-					12	\$24,000
2	Total cost of section 1									
3	Threshold cost of secture								3	\$200,000
4	Reduction in limitation				ed Eline concertal		0 of the spate		4 5	
5	Dollar limitation for tax yea	a) Description			b) Cost (busines:			lected cos	_	
6	I*	ay Description				1030 0119				
								-		
7	Listed property Enter t	the amount	from line 29			7				]
8	Total elected cost of se	ection 179 p	roperty Add amoun	ts in column (c), line:	s 6 and 7				8	
9	Tentative deduction E	inter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed	d deduction	from line 13 of your	2000 Form 4562					10	
11	Business income limita					ne 5 (see	Instruction	s)	11	<u> </u>
12	Section 179 expense of				_	<u></u>			12	
<u>13</u>	Carryover of disallower				J	13	L			•••
	Do not use Part II or P rt II Special D				austion (Do		ludo lieto	d prop		
<u>- ra</u> 14	Special depreciation allow			nd Other Depre	_					l
15	Property subject to sec				•	UT (See p	j 3 or the ms	ur )	14 15	
16	Other depreciation (inc		· · · ·		*)				16	28,776
-				ude listed prope	rty) (See pa	ae 4 c	f the inst	ructions		
	<u></u>			Section		<u>a</u>				
17	MACRS deductions for	r assets pla	ced in service in tax	years beginning befo	pre 2001				17	
18	If you are electing unde	er section 1	68(i)(4) to group any	assets placed in ser	rvice during the	tax		_		
<u> </u>	year into one or more (									
		Section B-A		rvice During 2001 1			<u>neral Depre</u>	clation S	ysten	n
	(a) Classification of prope	erty	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only-see instruction	USe Conner	(a) [`	Convention	(f) Meth	bd	(g) Depreciation deduction
<u>19a</u>	3-year property									
b	5-year property				<b>-</b>					
<u> </u>	7-year property			ļ						
d	10-year property									<u> </u>
<u> </u>	15-year property				<u> </u>					
<u> </u>	20-year property				25.00			C //		
9 	25-year property Residential rental				<u>25 yrs</u> 27 5 yrs					
	property				27 5 yrs 27 5 yrs		MM MM	5/L S/L		
	Nonresidential real	<b>_</b>			39 yrs	'	MM	<u> </u>	_	· · · · · · · · · · · · · · · · · · ·
	property						MM	<u></u>		
		ection C-As	sets Placed in Serv	/ice During 2001 Ta	x Year Using t	he Alter			Syste	
20a	Class life							S/L		
b	12-year		10 10 V		12 yrs			S/L		
	40-year			L	40 yrs		MM	S/L		
			ge 6 of the instru	uctions)						
21 22	Listed property Enter a				home to have the				21	<u> </u>
22	Total Add amounts fro Enter here and on the a		-							20 776
23	For assets shown above		=	-	wiperauons-see	= u1SU	<u></u>		22	40,110
	enter the portion of the	-	-			23				1 1 1 1
East D	ananuada Dadaadi	A -4 NI		- 41			•			<u> </u>

#### ART MUSEUM OF GREATER LAFAEYTTE, INC 35-0828754

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Form 4562 (2001) (Rev 3-2002)

, Part V i	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 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.								
Section A-Dep	ection A-Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles )								
24a Do you ha	re evidence to support the business/investment use claimed?	Yes	No	24b	If "Yes," is the evidence written?		Yes		N

24a	Do you ha	ive evidence to supp	ort the business/inv	estment use of	laimed?		Yes	No	24b	lf Yes,	'is the i	evidence	written?	?	Yes	No
Тур	(a) e of prop vahicles first)	(b) Date placed in service	(c) Busn /invest use percentage	(d Cost or bas	) other		(e) s for depri iness/inve use oni	estment	(f) Recover period		(g) (h) Method/ Depreciation Convention deduction			(i) Elected section 179 cost		
25 Special depreciation allowance for listed property acquired after September 10, 2001,																
and used more than 50% in a qualified business use (see page 7 of the instructions)								l								
26	Property	used more than 5	50% in a qualified	t business u	ise (see	page 7 (	of the in	struction	is)							
															]	
			%						<b></b>	_					<b> </b>	
			<u>%</u>						<u> </u>			1			<u> </u>	
27	Property	used 50% or less	s in a qualified bu	isiness use	(see pag	<u>ge 7 of tr</u>	<u>ne instru</u>	ctions)	1	1		- <u>r</u>			I	
										S/L	_	i i			· ·	·
					<u>.</u>					- 5/1	-					
									ł	S/L	_				ł	
28	Add am	ounts in column (h	L%	h 27 Enter	here an	d on line	21 nar	ne 1	_	1 0/1		8		_	1	
29		ounts in column (i		-			, poj							29		
<u> </u>	Add arm						tion on	Use of '	Vehicles							
Com	plete this	section for vehicle	es used by a sole								d perso	n				
		ehicles to your emplo		• •	• •				•				nose vehe	cles		
30		siness/investment				a)		b)			1	(d)		e)		<u>ר</u>
	the year	(do not include c	ommuting miles-	•		cle 1	Veh	icle 2	Vehi	cle 3	Vet	ucle 4	Veh	hicle 5 Vehicle 6		
	see page 2 of the instructions)															
31	Total co	mmuting miles dri	ven during the ye	ear								-	<u> </u>	-		
32	Total othe	er personal (noncomr	nuting) miles driver	n	L											
33	Total mi	les driven during t	he year													
	Add line	s 30 through 32						<del>,</del>					<b>_</b>			
34	Was the	vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?											┣	<b> </b>	<b>_</b>	<u> </u>
35		vehicle used prin										}	ļ.			
		an 5% owner or re	•		<u> </u>			<b> </b>					<u> </u>	<u> </u>		<u> </u>
36	is anothe	r vehicle av <u>ailable fo</u>					L	<u> </u>	l				L		l _	<u> </u>
			Section C-Que							-			3			
		questions to deter	-					B for ve	inicles u	sed by e	mploye	es who				
arer	tot more	than 5% owners o	r related persons	(see page	o or me	Instruction	onsj									
37		aintain a written polic	w statement that ea	obibite all oon			e lociudi		utles but		0.000				_Yes	<u>No</u>
38	-	maintain a written		-				-	• • • •	•	-	amplovo	oe7			┨───
	•	e 8 of the instruct	-	•	-				•	-	y your	employe	C3 ·			
39		reat all use of veh		-	-			, 0/ 1/0		,						
40		provide more than		-			mation f	rom vou	r employ	ees abo	out					<u> </u>
	the use	of the vehicles, an	d retain the infor	mation rece	ived?	-					-					
41	Do you i	meet the requirem	ents concerning	qualified au	tomobile	demon	stration	use? (S	ee page	9 of the	Instruct	uons)			_	
••••••	Note If	your answer to 37	<u>, 38, 39, 40, or 4</u>	1 is Yes, d	lo not co	mplete S	Section	<u>B for the</u>	covered	vehicle	s				1	~
Pa	art VI -	Amortizatio	n													
		(a) Description of costs	5	(b) Đate amo begi	rtization			(c) ortizable nount		(d Co sect	de	(e) Amortiz: period percent	or		(f) ortization this year	for
42	Amortiza	ation of costs that				e page (			วกร)			parcen	<u>enan</u>			
									<u></u>		- T		— <del>—</del> —			
											- I					

43	Amortization of costs that began before your 2001 tax year	43	74
44	Total Add amounts in column (f) See page 9 of the instructions for where to report	44	74
DAA			4562 (0004) (0

#### 2129 ART MUSEUM OF GREATER LAFAEYTTE, INC **Federal Statements** 35-0828754

FYE 6/30/2002

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

Description	Amount_					
MEMBERSHIP LOWER LEVEL MEMBERSHIP UPPER LEVEL YEARLY MEMBERSHIPS	\$	38,531 5,800 <u>867</u>				
TOTAL	\$	45,198				

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

Descript	lion	Amount
INVESTMENT INC SSB	\$	12,478
INVESTMENT INC SSB PERM C		2,513
TOTAL	\$ <u></u>	14,991

#### 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	Cost & Expense		Deprec	_	Gain/ -Loss
SALOMON SMITH BARNEY				PUR	CHASE				
	VARIOUS	VARIOUS	\$_	4,022	\$	\$_		\$	4,022
TOTAL			\$_	4,022	\$0	\$_	0	\$	4,022

#### Statement 4 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

	Desc			Ho _Rec			Whom Sold	
	Date Acquired	Date Sold	Sale Price		Cost & Expense	_	Deprec	Gaın/ -Loss
SCRAPED COMPUTER	ITEMS		P	URCH	ASE			
	VARIOUS	6/30/02 \$		_ \$_	<u>14,277</u>	\$_	<u>7,677</u> \$	-6,600
TOTAL		\$_		<u> </u>	14,277	\$_	<u>7,677</u> \$	-6,600

#### Statement 5 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
MUSEUM STORE	\$ 4,294	\$4,536	\$242
TOTAL	\$ <u>4,</u> 294	\$4,536	\$242

2129 ART MUSEUM OF	GREATER LAFAEYTTE, INC	1/22/20
35-0828754	Federal Statements	

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## FYE 6/30/2002

## Statement 6 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
UNREALIZED GAINS (LOSSES) ROUNDING	\$ 5,400 6
TOTAL	\$ 5,406

## 2129 ART MUSEUM OF GREATER LAFAEYTTE.INC Federal Statements

35-0828754 FYE 6/30/2002

## Statement 7 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

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Description	Amount					
AWARDS GIVEN	\$ 45					
SCHOLARSHIOS AWARDED GLMA	565					
BERTRAM SCHOLARSHIP AWARD	367					
TOTAL	\$977					

Description	Total Expenses	Program Service	Mgt & <u>G</u> eneral	Fund- Raising
	\$	\$	\$	\$
PENSES				
SAMARA SPLIT				
ROUNDING				
BANK FEES	359		359	
MEETING & LUNCHES FOUNDAT	205		205	
VENDING MACHINES	347		347	
COMPUTERS	551		551	
BANK FEES	61		61	
DIRECTOR SEARCH	3,959		3,959	
MISCELLANEOUS	50		50	
PC INSTALLATION & SUPPLIE	200		200	
AMORTIZATION	74		74	
NEWSLETTER	1,249			1,2
ART SMART AMERICA	12			
CHILDREN ACTIVITY AREA	55			
ANNUAL MEETING	56			
INSTALLATIONS & SUPPLIES	290			
OPENINGS	386			
PHOTOGRAPHY	7			
RENTAL FEES	300			
MEMBERSHIPS PROFESSIONAL	1,073			
SUBSCRIPTIONS	157			
SUPPLIES PUBLICITY	7			
INSTRUCTOR ADULT	18,882			
INSTRUCTOR CHILDREN	5,018			
SMAMRA SAMARA SPLIT	12,896			
	15,716			
OTHER ACQUISITION HANNA CENTER TILE	639			
	639			
SCHOLARSHIP OTHER EXP ROUNDING	13			
TOTAL	\$ 63,213	3 \$ 56,158	\$ 5,806	\$ 1,3

#### 2129 ART MUSEUM OF GREATER LAFAEYTTE, INC **Federal Statements** 35-0828754

FYE 6/30/2002

#### Statement 9 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE BONDS			
SALOMON SMITH BARNEY ENDO	220,387		MARKET
SALMON SMITH BARNEY PERM	49,109		MARKET
SALOMON SMITH BARNEY ENDO		201,469	
SALMON SMITH BARNEY PERM		54,993	
	269,496	256,462	

#### Statement 10 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
SSB SWORD PERM COLLECTION CD MM	\$ 22,539	\$	
SSB SWORD PERM COLLECTION		23,026	
TOTAL	\$ 22,539	\$ 23,026	

#### Statement 11 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
COMMUNITY SERIVCE ROOM				
REAL ESTATE	\$   271,328 \$	\$	271,328 \$	
CAPITAL IMPROVEMENTS	110,942		110,942	
	358,445		358,445	
FURNITURE & FIXTURES	105,533		100,249	
AD COMMUNITY SERVICE ROOM				
AD REAL ESTATE		112,531		121,139
AD CAPITAL IMRROVEMENTS		98,593		101,166
AD CAPITAL IMPROVEMENTS		195,409		208,223
AD FUNITURE & FIXTURES		01 070		70 001
TOTAL	\$ 846,248 \$	81,979 488,512 \$	840,964 \$	79,081
IVIAL		<u> </u>	<u> </u>	505,609

#### 2129 ART MUSEUM OF GREATER LAFAEYTTE, INC **Federal Statements** 35-0828754

# FYE 6/30/2002

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### Statement 12 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year		End of Year	
ACCRUED INTEREST REV	\$ 5,780	\$	4,068	
DEPOSIT BULK MAIL	133		325	
LOAN FEES	1,114		1,114	
AA LOAN FEES	-668		-743	
REFUND RECEIVABLE	 		1,113	
TOTAL	\$ 6,359	\$	5,877	

#### Statement 13 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year		End of Year	
DEFERED INCOME PROGRAM SA DEFERRED INCOME CHASE DEFERRED REVENUE	\$ 2,650	\$	5,000 1,060	
TOTAL	\$ 2,650	\$	6,060	

### Statement 14 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year		End of Year	
AGENCY ACCOUNT ARTS CONS	\$	589	\$	589
TOTAL	\$	589	\$	589

#### 2002 - 2003 Board of Directors

David Alexander Lori Amick Mona Berg Susan Chavers Brenda Clapper Kathy Davis Sherry Frey Connie Grace **Tom Gross** Carrie Hart Sheri Helmkamp Cheryl Jorgenson Ellie Kaplan Dr. Rob Lindsey (Board President) Amy Long Mary Mann Susan McCully Robert McDonald Cheryl Rosenthal Kelly Schreckengast Charlie Short Joan Sozen Kathy Trout Sara Beth Vaughan Mara Washburn