

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **LAGRANGE ART MUSEUM INC**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **112 LAFAYETTE PARKWAY** Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **LAGRANGE GA 30240**

D Employer identification number: **58-6045805**

E Telephone number: **706-882-3267**

F Name and address of principal officer: **JENNI SAMPSON**

G Gross receipts \$: **545,483**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: **WWW.LAGRANGEARTMUSEUM.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1966** **M** State of legal domicile: **GA**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CULTURAL ENHANCEMENT TO THE LOCAL COMMUNITY THROUGH ART, TO CONDUCT ART CLASSES, AND TO ADMINISTER SPECIAL PROJECTS IN THE COMMUNITY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 591,469	Current Year: 423,578
	9	Program service revenue (Part VIII, line 2g)	75,705	103,273
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7	33
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,698	4,024
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	721,879	530,908
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,965	146,130
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25)	43,397	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	564,831	384,572
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	716,796	530,702	
19	Revenue less expenses. Subtract line 18 from line 12	5,083	206	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,434,948	End of Year: 1,403,784
	21	Total liabilities (Part X, line 26)	215,306	191,176
	22	Net assets or fund balances. Subtract line 21 from line 20	1,219,642	1,212,608

Part II Signature Block

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

Sign Here

Signature of officer: **JENNI SAMPSON** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **WESLEY E. LONG, III, CPA** Preparer's signature: **WESLEY E. LONG, III, CPA** Date: **05/24/23** Check if self-employed PTIN: **P01875543**

Firm's name: **GAY & JOSEPH, CPA, PC** Firm's EIN: **58-1445724**

Firm's address: **201 CHURCH STREET LAGRANGE, GA 30240-2711** Phone no: **706-884-7331**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE CULTURAL ENHANCEMENT TO THE LOCAL COMMUNITY THROUGH ART, TO CONDUCT ART CLASSES, AND TO ADMINISTER SPECIAL PROJECTS IN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **129,906** including grants of \$) (Revenue \$ **46,653**)

EXHIBITION - THE MUSEUM ARRANGES EXHIBITS OF THE WORKS OF VARIOUS ARTISTS FOR VIEWING BY THE COMMUNITY. THE MUSEUM HAS A PERMANENT COLLECTION BUT ALSO DISPLAYS ART ON LOAN FROM OTHER MUSEUMS AND COLLECTORS. THERE WERE 4,645 VISITORS IN 2022.

THE CORNER SIGNAGE AND THE CENTER FOR CREATIVE LEARNING MURAL WERE EXPOSED TO APPROXIMATELY 65,000 VEHICLES ACCORDING TO GEORGIA TRAFFIC STATISTICS.

4b (Code:) (Expenses \$ **193,172** including grants of \$) (Revenue \$ **27,155**)

EDUCATION OUTREACH - THE MUSEUM SPONSORS ADULT AND CHILDREN ART CLASSES AND SUMMER CAMPS IN AN EFFORT TO EXPOSE THE COMMUNITY TO ART. THE ORGANIZATION HIRES INSTRUCTORS TO LEAD PARTICIPANTS THROUGH THE TECHNIQUES OF CREATING VARIOUS FORMS OF ART INCLUDING PAINTING, DRAWING, SCULPTURE, PHOTOGRAPHY, AND MIXED MEDIA.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **323,078**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

1a	21
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11a			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
12c			
13	Did the organization have a written whistleblower policy?		X
13			
14	Did the organization have a written document retention and destruction policy?		X
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization		X
15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

LAUREN OLIVER **112 LAFAYETTE PARKWAY** **GA 30240** **706-882-3267**
LAGRANGE

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA JENNINGS EXECUTIVE DIRECTOR	40.00 0.00			X			74,450	0	0	
(2) ETHYL AULT MEMBER AT LARGE	1.00 0.00	X		X			0	0	0	
(3) CONNIE BOCCUCCI BOARD MEMBER	1.00 0.00	X					0	0	0	
(4) AL BRANNON PAST PRESIDENT	1.00 0.00	X		X			0	0	0	
(5) RICH BROWN BOARD MEMBER	1.00 0.00	X					0	0	0	
(6) MARY HIGGINS BOARD MEMBER	1.00 0.00	X					0	0	0	
(7) MICHAEL HUTCHESON BOARD MEMBER	1.00 0.00	X					0	0	0	
(8) NANCI LECHACZ BOARD MEMBER	1.00 0.00	X					0	0	0	
(9) SANDY LEE BOARD MEMBER	1.00 0.00	X					0	0	0	
(10) DAVID LOCK BOARD MEMBER	1.00 0.00	X					0	0	0	
(11) MICHAEL MCFALLS BOARD MEMBER	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LYNN MORGAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) APRIL PRICHARD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) MARTHA HUDSON ROTHWELL	1.00									
MEMBER AT LARGE	0.00	X		X			0	0	0	
(15) JENNI SAMPSON	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(16) JOCIE SCOTT	1.00									
1ST VICE PRESIDENT	0.00	X		X			0	0	0	
(17) DEBBIE SIMMONS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) JACKIE TEALL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) JESSICA TURNER	1.00									
SECRETARY	0.00	X		X			0	0	0	
1b Subtotal							74,450			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							74,450			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	423,578			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 122,782			
	h	Total. Add lines 1a-1f		423,578			
Program Service Revenue			Business Code				
	2a	EXHIBITION AND ARTIST FEES		46,653	46,653		
	b	EDUCATIONAL PROGRAMS		27,155	27,155		
	c	MEMBERSHIP DUES		22,100	22,100		
	d	RETAIL SALES		4,332	4,332		
	e	FACILITY RENTAL		3,033	3,033		
	f	All other program service revenue					
g	Total. Add lines 2a-2f		103,273				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33	33		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales exps.	7b				
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	18,580				
b	Less: direct expenses	8b	14,575				
c	Net income or (loss) from fundraising events		4,005				
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS INCOME		19	19		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		19				
12	Total revenue. See instructions		530,908	103,325	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	135,479	48,726	47,389	39,364
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,651	3,830	3,726	3,095
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,875		3,875	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	12,812	1,981	10,831	
13 Office expenses	9,075		9,075	
14 Information technology	3,057		3,057	
15 Royalties				
16 Occupancy	132,354	125,931	6,423	
17 Travel	362		362	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,714		3,714	
20 Interest	9,103		9,103	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,006	33,870	7,136	
23 Insurance	17,515		17,515	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITION FEES	57,864	57,864		
b DIRECTOR AND INSTRUCTORS	35,355	35,355		
c STORAGE RENTAL	20,000		20,000	
d SUPPLIES	10,514	3,101	7,413	
e All other expenses	27,966	12,420	14,608	938
25 Total functional expenses. Add lines 1 through 24e	530,702	323,078	164,227	43,397
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	115,325	1	115,350
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	12,800	3	6,350
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,317	9	1,694
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,189,949		
	b	Less: accumulated depreciation	1,394,917	10c	795,032
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	469,468	15	485,358
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,434,948	16	1,403,784	
Liabilities	17	Accounts payable and accrued expenses	5,749	17	3,538
	18	Grants payable		18	
	19	Deferred revenue	375	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	209,182	23	187,638
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	215,306	26	191,176
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	753,500	27	790,611
	28	Net assets with donor restrictions	466,142	28	421,997
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,219,642	32	1,212,608
33	Total liabilities and net assets/fund balances	1,434,948	33	1,403,784	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	530,908
2	Total expenses (must equal Part IX, column (A), line 25)	2	530,702
3	Revenue less expenses. Subtract line 2 from line 1	3	206
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,219,642
5	Net unrealized gains (losses) on investments	5	-6,613
6	Donated services and use of facilities	6	
7	Investment expenses	7	-627
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,212,608

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) HOLLY WINNER	1.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
(21) KENNETH WORTHINGTON	1.00									
TREASURER	0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test--2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test--2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test--2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test--2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	398,044	325,293	266,934	489,193	300,796	1,780,260
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	90,028	75,473	80,043	75,705	103,273	424,522
3 Gross receipts from activities that are not an unrelated trade or business under section 513	23,305	33,963	12,580		18,580	88,428
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	511,377	434,729	359,557	564,898	422,649	2,293,210
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	291,864	240,533	174,800	354,492	228,463	1,290,152
c Add lines 7a and 7b	291,864	240,533	174,800	354,492	228,463	1,290,152
8 Public support. (Subtract line 7c from line 6.)						1,003,058

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	511,377	434,729	359,557	564,898	422,649	2,293,210
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8	2	11	7	33	61
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8	2	11	7	33	61
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	50	644	180	273	19	1,166
13 Total support. (Add lines 9, 10c, 11, and 12.)	511,435	435,375	359,748	565,178	422,701	2,294,437
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	43.72%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	44.42%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 1,166

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALLAWAY FOUNDATION 209 BROOME ST LAGRANGE GA 30241	\$ 280,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF LAGRANGE 200 RIDLEY AVENUE LAGRANGE GA 30241	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WEST POINT FUND 1340 13TH STREET COLUMBUS GA 31901	\$ 15,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUNIOR SERVICE LEAGUE PO BOX 2195 LAGRANGE GA 30240	\$ 5,745	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ELM CITY HOLDINGS 244 WESTWOOD DR LAGRANGE GA 30240	\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	GEORGIA COUNCIL FOR THE ARTS 75 5TH ST NW # 1200 ATLANTA GA 30308	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ESTATE OF JEAN PARK 200 SPRING HARBOR DR #3216 COLUMBUS GA 31904	\$ 15,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE HART FAMILY FOUNDATION 106 CHURCH ST LAGRANGE GA 30240	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ANONYMOUS UNKNOWN LAGRANGE GA 30240	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED RENT	\$ 62,620	
5	STORAGE SPACE	\$ 20,000	
7	ASSORTED ART	\$ 15,500	03/16/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Employer identification number

LAGRANGE ART MUSEUM INC

58-6045805

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$ 424,996
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,873	50,676	47,433	38,454	42,179
b Contributions	5,000	6,500		5,000	
c Net investment earnings, gains, and losses	-6,613	10,222	5,494	6,117	-1,540
d Grants or scholarships					
e Other expenditures for facilities and programs	2,271	1,962	1,807	1,729	1,760
f Administrative expenses	627	563	444	411	-425
g End of year balance	60,362	64,873	50,676	47,433	38,454

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment **44.01** %
 - c Term endowment **55.99** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|-------------------------------------|
| (i) Unrelated organizations | 3a(i) | <input checked="" type="checkbox"/> |
| (ii) Related organizations | 3a(ii) | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,400		100,400
b Buildings		1,245,608	990,623	254,985
c Leasehold improvements		687,873	259,697	428,176
d Equipment		156,068	144,597	11,471
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 795,032

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ART COLLECTION – PERMANENT	424,996
(2) FDN OF THE CHATTAHOOCHEE VALL	60,362
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	485,358

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ART DISCO</u> (event type)	 (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	16,860		16,860
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	16,860		16,860
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,723		11,723
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				5,137

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Yes % No	Yes % No	Yes % No		
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2022

**Open To Public
Inspection**

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art	<input checked="" type="checkbox"/>	1	15,500	APPRAISAL
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONATED RENT)	<input checked="" type="checkbox"/>	1	62,620	COMPARABLE COSTS
26 Other (STORAGE SPACE)	<input checked="" type="checkbox"/>	1	20,000	COMPARABLE COSTS
27 Other (OTHER IN-KIND)	<input checked="" type="checkbox"/>	1	24,662	VARIOUS
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

LAGRANGE ART MUSEUM INC

Employer identification number

58-6045805

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
RETURN IS OFFERED FOR REVIEW, COMMENT, AND/OR APPROVAL BY BOARD OF
DIRECTORS BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
A REVIEW OF SIMILARLY SITUATED ORGANIZATIONS WAS CONDUCTED AND USED IN
COMPARISON TO THE PERFORMANCE OF SELECTED PERSONNEL TO ESTABLISH
APPROPRIATE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No **179**

Name(s) shown on return

LAGRANGE ART MUSEUM INC

Identifying number
58-6045805

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	41,006

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	41,006
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	2 PEDESTALS	7/29/05	1,070			1,070	7 MO S/L	1,070	0
2	DONOR WALL	11/13/08	900			900	5 MO S/L	900	0
3	21 PEDESTALS	4/21/08	6,980			6,980	7 MO S/L	6,980	0
4	CARPET	1/08/08	2,338			2,338	7 MO S/L	2,338	0
5	SIGN	1/17/08	700			700	7 MO S/L	700	0
6	DEMAND CHALKBOARDS	1/24/08	685			685	7 MO S/L	685	0
7	FURNITURE	1/25/08	582			582	7 MO S/L	582	0
8	RACK & SHELVING SYSTEM	2/10/09	51,544			51,544	7 MO S/L	51,544	0
9	BOOK SHELVES	3/21/09	1,000			1,000	7 MO S/L	1,000	0
10	TABLES	5/20/09	4,118			4,118	7 MO S/L	4,118	0
11	DECORATIVE GLASS INSERT	3/21/09	1,000			1,000	7 MO S/L	1,000	0
12	FURNITURE	8/01/09	2,335			2,335	7 MO S/L	2,335	0
13	APPLIANCES - STOVE, FRIDGE	11/04/09	3,152			3,152	7 MO S/L	3,152	0
14	DESK - RECPT	2/23/10	4,109			4,109	7 MO S/L	4,109	0
15	FRAMES FOR EXHIBIT	6/27/14	2,845			2,845	7 MO S/L	2,845	0
16	IMPROV- CENTER FOR CREATIVITY	9/10/07	75,000			75,000	15 MO S/L	71,697	3,303
17	IMPROV- CENTER FOR CREATIVITY	9/10/07	9,533			9,533	15 MO S/L	9,114	419
18	BUILDING IMPROVEMENTS	1/24/08	3,079			3,079	15 MO S/L	2,769	205
19	LEASEHOLD IMPROVEMENTS	6/30/10	92,550			92,550	15 MO S/L	77,146	6,170
21	BOILER CHIMNEY LINER	9/15/14	7,233			7,233	39 MO S/L	1,351	185
22	CREATIVE LEARNING CENTER	2/01/16	500,617			500,617	39 MO S/L	75,430	12,837
23	DOOR REPLACEMENT	11/01/17	3,621			3,621	39 MO S/L	383	93
24	LAND	5/30/80	13,000			13,000	0 -- Land	0	0
25	LAND 3244 SQ FT	4/30/07	87,400			87,400	0 -- Land	0	0
26	HVAC SCHEDULING SYSTEM	3/22/08	11,499			11,499	7 MO S/L	11,499	0
27	COMPUTER	8/17/09	602			602	3 MO S/L	602	0
28	PHONE SYSTEM	1/06/09	3,205			3,205	7 MO S/L	3,205	0
30	COMPUTER EQUIPMENT	7/01/14	13,879			13,879	5 MO S/L	13,879	0
31	GRAPHICS COMPUTER	3/15/16	4,398			4,398	5 MO S/L	4,398	0
32	BUILDING	5/30/80	781,936			781,936	27 MO S/L	781,936	0
33	IMPROVEMENTS	5/30/90	55,085			55,085	15 MO S/L	55,085	0
35	CALLAWAY PLAZA	5/10/07	307,233			307,233	39 MO S/L	115,543	7,878
36	CHEVY EXPRESS	11/22/06	19,780			19,780	5 MO S/L	19,780	0
37	HVAC COOLING TOWER AND SYSTEM	8/07/18	67,622			67,622	39 MO S/L	5,924	1,734
38	HANDRAIL	7/30/18	1,514			1,514	7 MO S/L	739	216
39	SURVEILLANCE SYSTEM	11/30/18	9,866			9,866	5 MO S/L	6,084	1,973
40	4'X6' VINYL LINK MAT	4/11/18	1,200			1,200	7 MO S/L	643	171
41	3 ABSTRACT PAINTINGS	5/08/18	1,200			1,200	7 MO S/L	629	171
42	BACKUP SERVER AND FIREWALL	9/19/19	22,379			22,379	5 MO S/L	10,070	4,476
43	CHAIRS	10/31/19	3,872			3,872	7 MO S/L	1,198	554
44	NAVE POINT 6U WALL MOUNT RACK	8/26/19	2,195			2,195	5 MO S/L	1,024	439
45	REPLACED PUMP - HVAC SYSTEM	8/19/19	7,095			7,095	39 MO S/L	424	182
	Total Other Depreciation		<u>2,189,951</u>			<u>2,189,951</u>		<u>1,353,910</u>	<u>41,006</u>
	Total ACRS and Other Depreciation		<u>2,189,951</u>			<u>2,189,951</u>		<u>1,353,910</u>	<u>41,006</u>
	Grand Totals		2,189,951			2,189,951		1,353,910	41,006
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,189,951</u>			<u>2,189,951</u>		<u>1,353,910</u>	<u>41,006</u>

58-6045805

GA Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Other Depreciation:								
1	2 PEDESTALS	7/29/05	1,070	1,070	1,070	0	0	0
2	DONOR WALL	11/13/08	900	900	900	0	0	0
3	21 PEDESTALS	4/21/08	6,980	6,980	6,980	0	0	0
4	CARPET	1/08/08	2,338	2,338	2,338	0	0	0
5	SIGN	1/17/08	700	700	700	0	0	0
6	DEMAND CHALKBOARDS	1/24/08	685	685	685	0	0	0
7	FURNITURE	1/25/08	582	582	582	0	0	0
8	RACK & SHELVING SYSTEM	2/10/09	51,544	51,544	51,544	0	0	0
9	BOOK SHELVES	3/21/09	1,000	1,000	1,000	0	0	0
10	TABLES	5/20/09	4,118	4,118	4,118	0	0	0
11	DECORATIVE GLASS INSERT	3/21/09	1,000	1,000	1,000	0	0	0
12	FURNITURE	8/01/09	2,335	2,335	2,335	0	0	0
13	APPLIANCES - STOVE, FRIDGE	11/04/09	3,152	3,152	3,152	0	0	0
14	DESK - RECPT	2/23/10	4,109	4,109	4,109	0	0	0
15	FRAMES FOR EXHIBIT	6/27/14	2,845	2,845	2,845	0	0	0
16	IMPROV- CENTER FOR CREATIVITY	9/10/07	75,000	75,000	71,697	3,303	3,303	0
17	IMPROV- CENTER FOR CREATIVITY	9/10/07	9,533	9,533	9,114	419	419	0
18	BUILDING IMPROVEMENTS	1/24/08	3,079	3,079	2,769	205	205	0
19	LEASEHOLD IMPROVEMENTS	6/30/10	92,550	92,550	77,146	6,170	6,170	0
21	BOILER CHIMNEY LINER	9/15/14	7,233	7,233	1,351	185	185	0
22	CREATIVE LEARNING CENTER	2/01/16	500,617	500,617	75,430	12,837	12,837	0
23	DOOR REPLACEMENT	11/01/17	3,621	3,621	383	93	93	0
24	LAND	5/30/80	13,000	13,000	0	0	0	0
25	LAND 3244 SQ FT	4/30/07	87,400	87,400	0	0	0	0
26	HVAC SCHEDULING SYSTEM	3/22/08	11,499	11,499	11,499	0	0	0
27	COMPUTER	8/17/09	602	602	602	0	0	0
28	PHONE SYSTEM	1/06/09	3,205	3,205	3,205	0	0	0
30	COMPUTER EQUIPMENT	7/01/14	13,879	13,879	13,879	0	0	0
31	GRAPHICS COMPUTER	3/15/16	4,398	4,398	4,398	0	0	0
32	BUILDING	5/30/80	781,936	781,936	781,936	0	0	0
33	IMPROVEMENTS	5/30/90	55,085	55,085	55,085	0	0	0
35	CALLAWAY PLAZA	5/10/07	307,233	307,233	115,543	7,878	7,878	0
36	CHEVY EXPRESS	11/22/06	19,780	19,780	19,780	0	0	0
37	HVAC COOLING TOWER AND SYSTEM	8/07/18	67,622	67,622	5,924	1,734	1,734	0
38	HANDRAIL	7/30/18	1,514	1,514	739	216	216	0
39	SURVEILLANCE SYSTEM	11/30/18	9,866	9,866	6,084	1,973	1,973	0
40	4'X6' VINYL LINK MAT	4/11/18	1,200	1,200	643	171	171	0
41	3 ABSTRACT PAINTINGS	5/08/18	1,200	1,200	629	171	171	0
42	BACKUP SERVER AND FIREWALL	9/19/19	22,379	22,379	10,070	4,476	4,476	0
43	CHAIRS	10/31/19	3,872	3,872	1,198	554	554	0
44	NAVE POINT 6U WALL MOUNT RACK	8/26/19	2,195	2,195	1,024	439	439	0
45	REPLACED PUMP - HVAC SYSTEM	8/19/19	7,095	7,095	424	182	182	0
Total Other Depreciation			<u>2,189,951</u>	<u>2,189,951</u>	<u>1,353,910</u>	<u>41,006</u>	<u>41,006</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,189,951</u>	<u>2,189,951</u>	<u>1,353,910</u>	<u>41,006</u>	<u>41,006</u>	<u>0</u>
Grand Totals			2,189,951	2,189,951	1,353,910	41,006	41,006	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,189,951</u>	<u>2,189,951</u>	<u>1,353,910</u>	<u>41,006</u>	<u>41,006</u>	<u>0</u>

58-6045805

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	2 PEDESTALS	7/29/05	0		0 0 HY		0	0
2	DONOR WALL	11/13/08	0		0 0 HY		0	0
3	21 PEDESTALS	4/21/08	0		0 0 HY		0	0
4	CARPET	1/08/08	0		0 0 HY		0	0
5	SIGN	1/17/08	0		0 0 HY		0	0
6	DEMAND CHALKBOARDS	1/24/08	0		0 0 HY		0	0
7	FURNITURE	1/25/08	0		0 0 HY		0	0
8	RACK & SHELVE SYSTEM	2/10/09	0		0 0 HY		0	0
9	BOOK SHELVES	3/21/09	0		0 0 HY		0	0
10	TABLES	5/20/09	0		0 0 HY		0	0
11	DECORATIVE GLASS INSERT	3/21/09	0		0 0 HY		0	0
12	FURNITURE	8/01/09	0		0 0 HY		0	0
13	APPLIANCES - STOVE, FRIDGE	11/04/09	0		0 0 HY		0	0
14	DESK - RECPT	2/23/10	0		0 0 HY		0	0
15	FRAMES FOR EXHIBIT	6/27/14	0		0 0 HY		0	0
16	IMPROV- CENTER FOR CREATIVITY	9/10/07	0		0 0 HY		0	0
17	IMPROV- CENTER FOR CREATIVITY	9/10/07	0		0 0 HY		0	0
18	BUILDING IMPROVEMENTS	1/24/08	0		0 0 HY		0	0
19	LEASEHOLD IMPROVEMENTS	6/30/10	0		0 0 HY		0	0
21	BOILER CHIMNEY LINER	9/15/14	0		0 0 HY		0	0
22	CREATIVE LEARNING CENTER	2/01/16	0		0 0 HY		0	0
23	DOOR REPLACEMENT	11/01/17	0		0 0 HY		0	0
24	LAND	5/30/80	0		0 0 HY		0	0
25	LAND 3244 SQ FT	4/30/07	0		0 0 HY		0	0
26	HVAC SCHEDULING SYSTEM	3/22/08	0		0 0 HY		0	0
27	COMPUTER	8/17/09	0		0 0 HY		0	0
28	PHONE SYSTEM	1/06/09	0		0 0 HY		0	0
30	COMPUTER EQUIPMENT	7/01/14	0		0 0 HY		0	0
31	GRAPHICS COMPUTER	3/15/16	0		0 0 HY		0	0
32	BUILDING	5/30/80	0		0 0 HY		0	0
33	IMPROVEMENTS	5/30/90	0		0 0 HY		0	0
35	CALLAWAY PLAZA	5/10/07	0		0 0 HY		0	0
36	CHEVY EXPRESS	11/22/06	0		0 0 HY		0	0
37	HVAC COOLING TOWER AND SYSTEM	8/07/18	0		0 0 HY		0	0
38	HANDRAIL	7/30/18	0		0 0 HY		0	0
39	SURVEILLANCE SYSTEM	11/30/18	0		0 0 HY		0	0
40	4'X6' VINYL LINK MAT	4/11/18	0		0 0 HY		0	0
41	3 ABSTRACT PAINTINGS	5/08/18	0		0 0 HY		0	0
42	BACKUP SERVER AND FIREWALL	9/19/19	0		0 0 HY		0	0
43	CHAIRS	10/31/19	0		0 0 HY		0	0
44	NAVE POINT 6U WALL MOUNT RACK	8/26/19	0		0 0 HY		0	0
45	REPLACED PUMP - HVAC SYSTEM	8/19/19	0		0 0 HY		0	0
	Total Other Depreciation		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0		0		0	0
	Less: Dispositions and Transfers		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	2 PEDESTALS	7/29/05	1,070	0	0
2	DONOR WALL	11/13/08	900	0	0
3	21 PEDESTALS	4/21/08	6,980	0	0
4	CARPET	1/08/08	2,338	0	0
5	SIGN	1/17/08	700	0	0
6	DEMAND CHALKBOARDS	1/24/08	685	0	0
7	FURNITURE	1/25/08	582	0	0
8	RACK & SHELVING SYSTEM	2/10/09	51,544	0	0
9	BOOK SHELVES	3/21/09	1,000	0	0
10	TABLES	5/20/09	4,118	0	0
11	DECORATIVE GLASS INSERT	3/21/09	1,000	0	0
12	FURNITURE	8/01/09	2,335	0	0
13	APPLIANCES - STOVE, FRIDGE	11/04/09	3,152	0	0
14	DESK - RECPT	2/23/10	4,109	0	0
15	FRAMES FOR EXHIBIT	6/27/14	2,845	0	0
16	IMPROV- CENTER FOR CREATIVITY	9/10/07	75,000	0	0
17	IMPROV- CENTER FOR CREATIVITY	9/10/07	9,533	0	0
18	BUILDING IMPROVEMENTS	1/24/08	3,079	105	0
19	LEASEHOLD IMPROVEMENTS	6/30/10	92,550	6,170	0
21	BOILER CHIMNEY LINER	9/15/14	7,233	186	0
22	CREATIVE LEARNING CENTER	2/01/16	500,617	12,836	0
23	DOOR REPLACEMENT	11/01/17	3,621	93	0
24	LAND	5/30/80	13,000	0	0
25	LAND 3244 SQ FT	4/30/07	87,400	0	0
26	HVAC SCHEDULING SYSTEM	3/22/08	11,499	0	0
27	COMPUTER	8/17/09	602	0	0
28	PHONE SYSTEM	1/06/09	3,205	0	0
30	COMPUTER EQUIPMENT	7/01/14	13,879	0	0
31	GRAPHICS COMPUTER	3/15/16	4,398	0	0
32	BUILDING	5/30/80	781,936	0	0
33	IMPROVEMENTS	5/30/90	55,085	0	0
35	CALLAWAY PLAZA	5/10/07	307,233	7,878	0
36	CHEVY EXPRESS	11/22/06	19,780	0	0
37	HVAC COOLING TOWER AND SYSTEM	8/07/18	67,622	1,734	0
38	HANDRAIL	7/30/18	1,514	216	0
39	SURVEILLANCE SYSTEM	11/30/18	9,866	1,809	0
40	4'X6' VINYL LINK MAT	4/11/18	1,200	172	0
41	3 ABSTRACT PAINTINGS	5/08/18	1,200	171	0
42	BACKUP SERVER AND FIREWALL	9/19/19	22,379	4,476	0
43	CHAIRS	10/31/19	3,872	553	0
44	NAVE POINT 6U WALL MOUNT RACK	8/26/19	2,195	439	0
45	REPLACED PUMP - HVAC SYSTEM	8/19/19	7,095	182	0
	Total Other Depreciation		<u>2,189,951</u>	<u>37,020</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,189,951</u>	<u>37,020</u>	<u>0</u>
	Grand Totals		<u>2,189,951</u>	<u>37,020</u>	<u>0</u>

Asset	Description	Date In Service	Cost	GA
Other Depreciation:				
1	2 PEDESTALS	7/29/05	1,070	0
2	DONOR WALL	11/13/08	900	0
3	21 PEDESTALS	4/21/08	6,980	0
4	CARPET	1/08/08	2,338	0
5	SIGN	1/17/08	700	0
6	DEMAND CHALKBOARDS	1/24/08	685	0
7	FURNITURE	1/25/08	582	0
8	RACK & SHELVING SYSTEM	2/10/09	51,544	0
9	BOOK SHELVES	3/21/09	1,000	0
10	TABLES	5/20/09	4,118	0
11	DECORATIVE GLASS INSERT	3/21/09	1,000	0
12	FURNITURE	8/01/09	2,335	0
13	APPLIANCES - STOVE, FRIDGE	11/04/09	3,152	0
14	DESK - RECPT	2/23/10	4,109	0
15	FRAMES FOR EXHIBIT	6/27/14	2,845	0
16	IMPROV- CENTER FOR CREATIVITY	9/10/07	75,000	0
17	IMPROV- CENTER FOR CREATIVITY	9/10/07	9,533	0
18	BUILDING IMPROVEMENTS	1/24/08	3,079	105
19	LEASEHOLD IMPROVEMENTS	6/30/10	92,550	6,170
21	BOILER CHIMNEY LINER	9/15/14	7,233	186
22	CREATIVE LEARNING CENTER	2/01/16	500,617	12,836
23	DOOR REPLACEMENT	11/01/17	3,621	93
24	LAND	5/30/80	13,000	0
25	LAND 3244 SQ FT	4/30/07	87,400	0
26	HVAC SCHEDULING SYSTEM	3/22/08	11,499	0
27	COMPUTER	8/17/09	602	0
28	PHONE SYSTEM	1/06/09	3,205	0
30	COMPUTER EQUIPMENT	7/01/14	13,879	0
31	GRAPHICS COMPUTER	3/15/16	4,398	0
32	BUILDING	5/30/80	781,936	0
33	IMPROVEMENTS	5/30/90	55,085	0
35	CALLAWAY PLAZA	5/10/07	307,233	7,878
36	CHEVY EXPRESS	11/22/06	19,780	0
37	HVAC COOLING TOWER AND SYSTEM	8/07/18	67,622	1,734
38	HANDRAIL	7/30/18	1,514	216
39	SURVEILLANCE SYSTEM	11/30/18	9,866	1,809
40	4'X6' VINYL LINK MAT	4/11/18	1,200	172
41	3 ABSTRACT PAINTINGS	5/08/18	1,200	171
42	BACKUP SERVER AND FIREWALL	9/19/19	22,379	4,476
43	CHAIRS	10/31/19	3,872	553
44	NAVE POINT 6U WALL MOUNT RACK	8/26/19	2,195	439
45	REPLACED PUMP - HVAC SYSTEM	8/19/19	7,095	182
	Total Other Depreciation		<u>2,189,951</u>	<u>37,020</u>
	Total ACRS and Other Depreciation		<u>2,189,951</u>	<u>37,020</u>
	Grand Totals		<u>2,189,951</u>	<u>37,020</u>

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

LAGRANGE ART MUSEUM INC**58-6045805**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	591,469	423,578	-167,891
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	75,705	103,273	27,568
	5. Investment income	7	33	26
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		4,005	4,005
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	54,698	19	-54,679
	12. Total revenue. Add lines 1 through 11	721,879	530,908	-190,971
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	151,965	146,130	-5,835
	17. Professional fundraising fees			
	18. Other professional fees	3,680	3,875	195
	19. Occupancy, rent, utilities, and maintenance	122,540	132,354	9,814
	20. Depreciation and Depletion	43,122	41,006	-2,116
	21. Other expenses	395,489	207,337	-188,152
	22. Total expenses. Add lines 13 through 21	716,796	530,702	-186,094
23. Excess or (Deficit). Subtract line 22 from line 12	5,083	206	-4,877	
Other Information	24. Total exempt revenue	721,879	530,908	-190,971
	25. Total unrelated revenue			
	26. Total excludable revenue	130,410	103,325	-27,085
	27. Total assets	1,434,948	1,403,784	-31,164
	28. Total liabilities	215,306	191,176	-24,130
	29. Retained earnings	1,219,642	1,212,608	-7,034
	30. Number of voting members of governing body	17	20	
	31. Number of independent voting members of governing body	17	20	
	32. Number of employees	5	4	
	33. Number of volunteers	80	80	

Form **990**

Tax Return History

2022

Name

L.AGRANGE ART MUSEUM INCEmployer Identification Number
58-6045805

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	528,962	422,219	356,374	591,469	423,578	
Membership dues						
Program service revenue	90,028	75,473	80,043	75,705	103,273	
Capital gain or loss	-53,063					
Investment income	8	2	11	7	33	
Fundraising revenue (income/loss)	6,344	13,885	9,811		4,005	
Gaming revenue (income/loss)						
Other revenue	50	644	180	54,698	19	
Total revenue	572,329	512,223	446,419	721,879	530,908	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	126,479	138,593	144,012	151,965	146,130	
Professional fees	24,989	13,732	12,125	3,680	3,875	
Occupancy costs	124,513	117,861	114,428	122,540	132,354	
Depreciation and depletion	39,932	41,361	43,678	43,122	41,006	
Other expenses	167,622	144,481	123,470	395,489	207,337	
Total expenses	483,535	456,028	437,713	716,796	530,702	
Excess or (Deficit)	88,794	56,195	8,706	5,083	206	
Total exempt revenue	572,329	512,223	446,419	721,879	530,908	
Total unrelated revenue						
Total excludable revenue	37,023	76,119	80,234	130,410	103,325	
Total Assets	1,402,475	1,437,586	1,470,005	1,434,948	1,403,784	
Total Liabilities	273,232	246,442	265,105	215,306	191,176	
Net Fund Balances	1,129,243	1,191,144	1,204,900	1,219,642	1,212,608	