

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **MINNETRISTA CULTURAL FOUNDATION, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **1200 N MINNETRISTA PARKWAY**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **MUNCIE, IN 47303**

**D** Employer identification number: **35-1628916**

**E** Telephone number: **765-213-3540**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **WWW.MINNETRISTA.NET**

**J** Organization type (check only one):  501(c)(3) (insert no.)  4947(a)(1) or  527

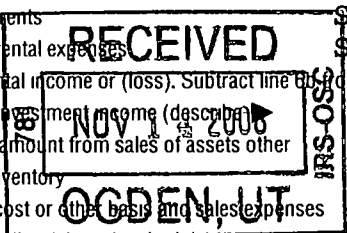
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **6,115,568.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances										
Revenue	1	Contributions, gifts, grants, and similar amounts received:								
	a	Contributions to donor advised funds	1a							
	b	Direct public support (not included on line 1a)	1b		4,515,711.					
	c	Indirect public support (not included on line 1a)	1c							
	d	Government contributions (grants) (not included on line 1a)	1d							
	e	Total (add lines 1a through 1d) (cash \$ 4,515,711. noncash \$ )	1e					4,515,711.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					69,477.		
	3	Membership dues and assessments	3					45,401.		
	4	Interest on savings and temporary cash investments	4							
	5	Dividends and interest from securities	5					87,520.		
Revenue	6a	Gross rents	6a	19,162.	SEE STATEMENT 1					
	b	Less: rental expenses	6b	2,534.	SEE STATEMENT 2					
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c					16,628.		
	7	Other investment income (describe in Part VII, line 93)	7							
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	887,954.		(B) Other			
				8b	802,626.					
				8c	85,328.					
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			STMT 3			85,328.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a	9a						
			b	9b						
c			9c							
10a	Gross sales of inventory, less returns and allowances	10a	398,974.							
		b	10b	527,567.	STATEMENT 5					
		c	10c			STMT 4			-128,593.	
11	Other revenue (from Part VII, line 103)	11						91,369.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12						4,782,841.		
Expenses	13	Program services (from line 44, column (B))	13						1,569,563.	
	14	Management and general (from line 44, column (C))	14						2,689,161.	
	15	Fundraising (from line 44, column (D))	15						173,133.	
	16	Payments to affiliates (attach schedule)	16							
	17	Total expenses. Add lines 16 and 44, column (A)	17						4,431,857.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18						350,984.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19						17,373,095.	
	20	Other changes in net assets or fund balances (attach explanation)	20			SEE STATEMENT 6			-17,529.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21						17,706,550.	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	223,236.	41,497.	154,074.	27,665.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,380,654.	780,311.	531,960.	68,383.
27 Pension plan contributions not included on lines 25a, b, and c	70,367.	41,279.	25,609.	3,479.
28 Employee benefits not included on lines 25a - 27	177,806.	113,983.	53,343.	10,480.
29 Payroll taxes	116,546.	62,216.	47,438.	6,892.
30 Professional fundraising fees	20.	20.		
31 Accounting fees	67,206.		67,206.	
32 Legal fees	9,585.		9,585.	
33 Supplies	126,027.	69,607.	55,753.	667.
34 Telephone	16,899.		16,899.	
35 Postage and shipping	23,195.	2,627.	17,458.	3,110.
36 Occupancy	209,269.		209,269.	
37 Equipment rental and maintenance	140,049.		140,049.	
38 Printing and publications	40,108.		13,897.	26,211.
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	597,323.		597,323.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 7	1,233,567.	458,023.	749,298.	26,246.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,431,857.	1,569,563.	2,689,161.	173,133.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 9</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>SEE STATEMENT 8</u>    	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,569,563.
<b>b</b>    	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>    	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>    	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,569,563.

**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	100,751.	45	109,515.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 4,842.		
	b Less allowance for doubtful accounts	47b	47c	4,842.
	48 a Pledges receivable	48a 2,330.		
	b Less allowance for doubtful accounts	48b	48c	2,330.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a 1,063.		
	b Less allowance for doubtful accounts	51b	51c	1,063.
	52 Inventories for sale or use	148,808.	52	166,389.
	53 Prepaid expenses and deferred charges	134,031.	53	105,055.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,477,811.	54b	2,163,495.
55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 18,972,216.			
b Less accumulated depreciation STMT 10	57b 9,415,287.	57c	9,556,929.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 11 )	5,762,479.	58	5,770,599.	
59 Total assets (must equal line 74). Add lines 45 through 58	17,514,282.	59	17,880,217.	
Liabilities	60 Accounts payable and accrued expenses	141,187.	60	173,667.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 Total liabilities. Add lines 60 through 65	141,187.	66	173,667.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	16,736,933.	67	16,409,405.
	68 Temporarily restricted	552,640.	68	675,537.
	69 Permanently restricted	83,522.	69	621,608.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	17,373,095.	73	17,706,550.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	17,514,282.	74	17,880,217.	





Part VI. Other Information (continued)		Yes	No	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		274,461.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ 0.; section 4912 $\blacktriangleright$ 0.; section 4955 $\blacktriangleright$ 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed $\blacktriangleright$ IN			
b	Number of employees employed in the pay period that includes March 12, 2007	90b		65
91 a	The books are in care of $\blacktriangleright$ WILLIAM BUCHANAN Telephone no. $\blacktriangleright$ 765-213-3540 Located at $\blacktriangleright$ 1200 N MINNETRISTA PARKWAY, MUNCIE, IN ZIP + 4 $\blacktriangleright$ 47303			
b	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)? If "Yes," enter the name of the foreign country $\blacktriangleright$ N/A	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>ADMISSIONS</b>					69,477.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					45,401.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	87,520.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property	722320	16,628.			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	85,328.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	-128,593.			
103 Other revenue:					
a <b>ROOM AND BUILDING</b>					
b <b>RENTALS FEES</b>			16	23,904.	
c <b>GROUND'S LEASING FEES</b>			16	10,679.	
d <b>WORKSHOPS/EVENTS/MISC</b>					56,786.
e					
104 Subtotal (add columns (B), (D), and (E))		-111,965.		207,431.	171,664.
105 Total (add line 104, columns (B), (D), and (E))					267,130.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	ROOM RENTALS TO LOCAL GROUPS. INCIDENTAL INCOME HELPS SUPPORT PROGRAMS
103B	OUTDOOR SPACE RENTAL FOR EVENTS.
103C	WORKSHOPS & EVENTS CONDUCTED FOR MEMBERS AND THE COMMUNITY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Elizabeth A Brewer (Betty)* Signature of officer, Date: 11-07-2008  
 Type or print name and title: **BETTY BREWER, PRESIDENT & CEO (Elizabeth A.)**

Paid Preparer's Use Only: Preparer's signature: *Patricia Burkay CPA*, Date: 11/5/08, Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **ESTEP BURKEY SIMMONS, LLC**  
**P.O. BOX 42**  
**MUNCIE, IN 47308-0042**  
 EIN: \_\_\_\_\_, Phone no.: **765-284-7554**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

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

OMB No 1545-0047

**2007**

Name of the organization **MINNETRISTA CULTURAL FOUNDATION, INC.** Employer identification number **35 1628916**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KAREN VINCENT 6909 S CR 475 E, SELMA, IN 47383	DIR COLLECTIONS 40.00	67,281.	4,702.	
TERRI HUTCHINSON 408 E MCCULLOCH BLVD, MUNCIE, IN 4730	DIR HUMAN RESOURCES 40.00	53,083.	3,708.	
MARY SLAFKOSKY 8804 W BUTTERNUT, MUNCIE, IN 47304	DIR DEVELOPMENT 40.00	55,565.	2,577.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
COOPER CONSULTING 2400 W CR 500 S, MUNCIE, IN 47302	PROPERTY MANAGEMENT	248,006.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		<b>Yes</b>	<b>No</b>
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>N/A</b>	
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>N/A</b>	
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year	<b>▶ N/A</b>	
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>▶ N/A</b>	
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	<b>▶ 0.</b>	
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	<b>▶ 0.</b>	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
SEE STATEMENT 16					
<b>Total</b>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. N/A  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) **N/A**  
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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



2007 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
1	LAND AND IMPROVEMENTS	VARIESSL		.000	16	913,585.			913,585.	251,621.		34,182.
2	BUILDINGS AND IMPROVEMENTS	VARIESSL		.000	16	13,967,986.			13,967,986.	5,790,933.		372,217.
3	FURNITURE AND EQUIPMENT	VARIESSL		.000	16	3,655,136.			3,655,136.	2,775,410.		190,924.
4	LAND	VARIIESL				435,509.			435,509.			0.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					18,972,216.		0.	18,972,216.	8,817,964.	0.	597,323.
	* GRAND TOTAL 990 PAGE 2 DEPR					18,972,216.		0.	18,972,216.	8,817,964.	0.	597,323.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
CATERING EQUIPMENT	1	19,162.
TOTAL TO FORM 990, PART I, LINE 6A		19,162.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EQUIPMENT RENTALS		2,534.	
- SUBTOTAL -	1		2,534.
TOTAL TO FORM 990, PART I, LINE 6B			2,534.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	887,954.	802,626.	0.	85,328.
TO FORM 990, PART I, LINE 8	887,954.	802,626.	0.	85,328.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 4

INCOME

1. GROSS RECEIPTS . . . . .	398,974	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		398,974
4. COST OF GOODS SOLD (LINE 13) . . . . .	527,567	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		-128,593

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	148,808	
7. MERCHANDISE PURCHASED . . . . .	257,936	
8. COST OF LABOR . . . . .	231,857	
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	55,355	
11. ADD LINES 6 THROUGH 10 . . . . .		693,956
12. INVENTORY AT END OF YEAR . . . . .	166,389	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		527,567

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FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	5
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DESCRIPTION	AMOUNT
SUPPLIES	21,865.
FREIGHT	11,641.
PROFESSIONAL DEVELOPMENT	3,900.
ADVERTISING	5,393.
BANK CARD FEES	5,814.
EQUIPMENT MAINTENANCE	2,473.
POSTAGE	188.
HOSPITALITY EXPENSE	1,921.
SECURITY	2,160.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	
	55,355.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION	AMOUNT
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	-17,529.
TOTAL TO FORM 990, PART I, LINE 20	
	-17,529.

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FORM 990	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	88,939.		88,939.	
PROFESSIONAL DEVELOPEMENT & TRAVEL	59,961.	20,451.	35,214.	4,296.
PROGRAMS	53,627.	35,899.	17,728.	
DUES & SUBSCRIPTIONS	17,176.	1,060.	16,116.	
REPAIRS & MAINTENANCE	313,091.	120,343.	192,748.	
INTERNET EXPENSE	21,606.		21,606.	
TAXES & LICENSES	4,008.		4,008.	
MEMBERSHIP DEVELOPMENT	14,313.			14,313.
PERSONNEL EXPENSE	8,336.		8,336.	
RECRUITMENT EXPENSES	3,198.		3,198.	
MARKETING	150,990.		143,703.	7,287.

CONTRACT SERVICES	204,294.	3,595.	200,349.	350.
ACQUISITIONS	62.	62.		
EXHIBITS AND EVENTS	219,244.	219,244.		
SPECIAL PROJECTS/EVENTS	48,898.	47,840.	1,058.	
STORAGE EXPENSE	8,412.	8,412.		
INVESTMENT FEES	16,295.		16,295.	
MISCELLANEOUS	1,117.	1,117.		
<b>TOTAL TO FM 990, LN 43</b>	<b>1,233,567.</b>	<b>458,023.</b>	<b>749,298.</b>	<b>26,246.</b>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

THE MISSION IS ACCOMPLISHED THROUGH EDUCATIONAL AND ENTERTAINING PROGRAMS THAT INCLUDE TRAVELING AND TEMPORARY EXHIBITIONS ON HISTORY, ART, AND NATURAL SCIENCE. MINNETRISTA ALSO MAINTAINS A 40-ACRE COMPLEX OF FORMAL AND INFORMAL GARDENS, HISTORIC BUILDINGS AND A NATURE AREA THAT SHOWCASES THE NATURAL BIOMES OF INDIANA. MINNETRISTA SERVES A DIVERSE AUDIENCE OF OVER 40,000 ANNUALLY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,569,563.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9  
PART III

EXPLANATION

THE MISSION AND PURPOSE OF MINNETRISTA IS TO CREATE AWARENESS, UNDERSTANDING AND APPRECIATION OF THE NATURAL AND CULTURAL HERITAGE OF EAST CENTRAL INDIANA.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND AND IMPROVEMENTS	913,585.	285,803.	627,782.
BUILDINGS AND IMPROVEMENTS	13,967,986.	6,163,150.	7,804,836.
FURNITURE AND EQUIPMENT	3,655,136.	2,966,334.	688,802.
LAND	435,509.	0.	435,509.
TOTAL TO FORM 990, PART IV, LN 57	18,972,216.	9,415,287.	9,556,929.

FORM 990 OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
HISTORICAL PROPERTY AND EQUIPMENT COLLECTIONS FOR MUSEUM	3,102,358.	3,102,358.
	2,660,121.	2,668,241.
TOTAL TO FORM 990, PART IV, LINE 58	5,762,479.	5,770,599.

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	137,972.
EQUITIES	FMV	1,428,738.
FIXED INCOME OBLIGATIONS	FMV	596,785.
TO FORM 990, LINE 54B, COL B		2,163,495.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
RETAIL SHOP & RENTAL EXPENSES RECLASSIFIED TO COST OF GOODS SOLD	-530,101.
TOTAL TO FORM 990, PART IV-A	-530,101.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 14
DESCRIPTION		AMOUNT
RETAIL SHOP & RENTAL EXPENSES RECLASSIFIED TO COST OF GOODS SOLD		-530,101.
TOTAL TO FORM 990, PART IV-B		-530,101.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETTY BREWER 1200 N MINNETRISTA PARKWAY MUNCIE, IN 47303	PRESIDENT & CEO 40.00	118,970.	19,354.	0.
REBECCA HOLMQUIST 1200 N MINNETRISTA PARKWAY MUNCIE, IN 47303	VICE PRESIDENT 40.00	69,219.	5,726.	0.
BILL BUCHANAN 1200 N MINNETRISTA PARKWAY MUNCIE, IN 47303	TREASURER/DIR OF FINANCE 40.00	69,363.	15,549.	0.
STEFAN ANDERSON 2705 W TWICKINGHAM DR MUNCIE, IN 47304	TRUSTEE 0.00	0.	0.	0.
DOUGLAS BAKKEN PO BOX 1408 MUNCIE, IN 47308	TRUSTEE 0.00	0.	0.	0.
FRANK BALL PO BOX 1408 MUNCIE, IN 47308	TRUSTEE 0.00	0.	0.	0.
STEPHEN BEDI 236 WEST READE AVE UPLAND, IN 46989	TRUSTEE 0.00	0.	0.	0.
JOSEPH BILELLO BALL STATE UNIVERSITY MUNCIE, IN 47306	TRUSTEE 0.00	0.	0.	0.

JAMES BOÏGMAN 201 EAST JACKSON MUNCIE, IN 47305	TRUSTEE 0.00	0.	0.	0.
FRANK BRACKEN PO BOX 1408 MUNCIE, IN 47308	TRUSTEE 0.00	0.	0.	0.
JACK BUCKLES 110 E CHARLES ST MUNCIE, IN 47305	TRUSTEE 0.00	0.	0.	0.
JACK DEMAREE PO BOX 792 MUNCIE, IN 47308	TRUSTEE 0.00	0.	0.	0.
DEANNA EDWARDS 1240 UNIVERSITY BLVD ANDERSON, IN 46012	TRUSTEE 0.00	0.	0.	0.
JOHN FISHER PO BOX 1408 MUNCIE, IN 47308	TRUSTEE 0.00	0.	0.	0.
MARCIA JOHNSON 2600 W BERWYN RD MUNCIE, IN 47304	TRUSTEE 0.00	0.	0.	0.
NANCY LIKENS 8663 W 300 NORTH ANDERSON, IN 46011	TRUSTEE 0.00	0.	0.	0.
TERRI MATCHETT PO BOX 792 MUNCIE, IN 47308	CHAIR 0.00	0.	0.	0.
JOHN PRUIS PO BOX 1408 MUNCIE, IN 47308	TRUSTEE 0.00	0.	0.	0.
L. MARSHALL ROCH 2006 N ROBINWOOD DR E MUNCIE, IN 47304	VICE CHAIR 0.00	0.	0.	0.
JACK RONALD PO BOX 1049 PORTLAND, IN 47371	VICE CHAIR 0.00	0.	0.	0.
NANCY SMITH 514 S ELLIOTT ACRES MUNCIE, IN 47302	TRUSTEE 0.00	0.	0.	0.

MINNETRISTA CULTURAL FOUNDATION, INC.

35-1628916

HELEN TOWNSEND 1383 WEST 300 NORTH HARTFORD CITY, IN 47348	SECRETARY 0.00	0.	0.	0.
TERRY WALKER PO BOX 548 MUNCIE, IN 47308	VICE CHAIR 0.00	0.	0.	0.
NANCY DIETZ 1101 W COUNTY RD 100 S NEW CASTLE, IN 47362	TRUSTEE 0.00	0.	0.	0.
MICHAEL GORIN 3401 E MIAMI TRL MUNCIE, IN 47302	TRUSTEE 0.00	0.	0.	0.
MARTIN HARKER 300 W 3RD ST MARION, IN 46952	TRUSTEE 0.00	0.	0.	0.
KATHIE ONIEAL 1009 N MEADOW LN MUNCIE, IN 47304	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		257,552.	40,629.	0.

SCHEDULE A SUPPORTED ORGANIZATIONS - PART IV, LINE 13 STATEMENT 16

EIN AND NAME OF SUPPORTED ORGANIZATION	LISTED IN DOCUMENTS		LINE/IRC NO.	AMOUNT
	YES	NO		
35-0867954 ANDERSON UNIVERSITY	X		501(C)(3)	
35-6000221 BALL STATE UNIVERSITY	X		170(B)(1)(A) II)	
35-1772356 BLACKFORD COUNTY COMMUNITY FOUNDATION, INC.	X		501(C)(3)	
31-1117791 COMMUNITY FOUNDATION OF GRANT COUNTY, INDIANA, INC.	X		501(C)(3)	
35-1640051 COMMUNITY FOUNDATION OF MUNCIE & DELAWARE COUNTY, INC.	X		501(C)(3)	

31-1170412 HENRY COUNTY COMMUNITY FOUNDATION, INC.	X	501(C)(3)
35-1859959 MADISON COUNTY COMMUNITY FOUNDATION	X	501(C)(3)
35-1404338 MUNCIE CHILDREN'S MUSEUM	X	501(C)(3)
35-6002674 MUNCIE COMMUNITY SCHOOL CORPORATION	X	501(C)(3)
35-0534380 MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE	X	501(C)(6)
35-6028362 THE PORTLAND FOUNDATION	X	501(C)(3)
35-1903148 RANDOLPH COUNTY COMMUNITY AND ECONOMIC DEVELOPMENT FOUNDATION, INC.	X	501(C)(3)
35-0868181 TAYLOR UNIVERSITY	X	501(C)(3)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II: Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print	Name of Exempt Organization <b>MINNETRISTA CULTURAL FOUNDATION, INC.</b>
File by the extended due date for filing the return See instructions	Employer identification number <b>35-1628916</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1200 N MINNETRISTA PARKWAY</b>
	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MUNCIE, IN 47303</b>

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

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **WILLIAM BUCHANAN**  
Telephone No. **765-213-3540** FAX No **765-741-5110**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**SEE STATEMENT 21**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

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

Signature **Patrick W. Bunkley** Title **CPA** Date **8/15/08**

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 21

EXPLANATION

THE FOUNDATION REQUIRES ADDITIONAL TIME TO RECONCILE INFORMATION FROM THE ANNUAL AUDIT TO ITS INTERNAL ACCOUNTING RECORDS AND THE FORM 990. SPECIFICALLY, THE FOUNDATION NEEDS TO CALCULATE AND VERIFY THE ALLOCATION OF FUNCTIONAL EXPENSES TO MAKE CERTAIN ALL INFORMATION IS COMPLETE AND ACCURATE. THE FOUNDATION BELIEVES THIS INFORMATION IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.