

Form **990**

**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)

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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 2010 calendar year, or tax year beginning** , **and ending**

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

**C Name of organization** Minnetnsta Cultural Foundation, Inc  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 1200 N Minnetnsta Parkway  
 City or town, state or country, and ZIP + 4  
 Muncie IN 47303-2925

**D Employer identification number** 35-1628916  
**E Telephone number** (765) 282-4848

**F Name and address of principal officer**  
 Elizabeth A Brewer 1200 N Minnetnsta Parkway, Muncie, IN 47303

**G Gross receipts \$** 5,113,484

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates 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.minnetnsta.net **H(c) Group exemption number** ▶

**K Form of organization**  Corporation  Trust  Association  Other ▶ **L Year of formation** 1987 **M State of legal domicile** IN

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities	Minnetnsta is a gathering place that focuses on the exploration of nature, history, gardens and art, where vibrant, audience-centered experiences honor our heritage and inspire the future of our region	
	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)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	84
	6 Total number of volunteers (estimate if necessary)	6	231
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-9,674
b Net unrelated business taxable income from Form 990-B, line 34	7b	-9,674	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,296,100	4,126,557
	9 Program service revenue (Part VIII, line 2g)	98,379	109,996
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-31,372	12,794
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-72,609	-52,173
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,290,498	4,197,174
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)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,227,032	2,226,506
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,621		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,123,997	2,034,350	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,351,029	4,260,856	
19 Revenue less expenses Subtract line 18 from line 12	-60,531	-63,682	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,531,913	End of Year 17,588,539
	21 Total liabilities (Part X, line 26)	154,367	84,435
	22 Net assets or fund balances Subtract line 21 from line 20	17,377,546	17,504,104

**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: Elizabeth A. Brewer  
 Date: 11/14/11  
 Type or print name and title: Elizabeth A Brewer, President & CEO

**Paid Preparer's Use Only**  
 Print/Type preparer's name: Patrick Burkey  
 Preparer's signature: Patrick Burkey  
 Date: 11/18/2011  
 Check  if self-employed  
 PTIN: [blank]  
 Firm's name: Estep Burkey Simmons, LLC  
 Firm's EIN: [blank]  
 Firm's address: PO Box 42, Muncie, IN 47308-0042  
 Phone no: (765) 284-7554

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** (2010)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

[X]

1 Briefly describe the organization's mission
Minnetnsta is a gathering place that focuses on the exploration of nature, history, gardens and art, where vibrant, audience-centered experiences honor our heritage and inspire the future of our region.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O
[ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O
[ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 674,648 including grants of \$ ) (Revenue \$ 21,735.)
Exhibits and Collections In 2010, Minnetnsta presented a large original exhibition, "She Can Make a Difference!", celebrating the preserving influence of women throughout our region. The exhibit utilized historic resources found in the Minnetnsta Heritage Collection. In addition to objects in the exhibit, a victory garden was planted to demonstrate home gardening techniques. For more information about Exhibits and Collections, see Schedule O.

4b (Code ) (Expenses \$ 590,175 including grants of \$ ) (Revenue \$ 182,869.)
Public Programming More than 91,000 visitors gathered for a wide range of programming, events and experiences in 2010. Educational tours for school children, themed family programs and signature events made Minnetnsta one of the premier gathering places in East Central Indiana. For more information about Public Programming, see Schedule O.

4c (Code ) (Expenses \$ 558,090 including grants of \$ ) (Revenue \$ 62,645.)
Community Engagement Minnetnsta provides a great location for free events, the region's largest farmers market and meeting spaces for community organizations and service clubs. In 2010, Minnetnsta partnered with numerous community organizations to maximize the programming opportunities and resources. For more information about Community Engagement, see Schedule O.

4d Other program services (Describe in Schedule O )
(Expenses \$ 859,107 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,682,020

**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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
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>		X
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>	X	
9 Did the organization report an amount in Part X, line 21, 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>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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>	X	
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>		X
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
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, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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 (see instructions)</i>		X
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>		X
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>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</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.		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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 or 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	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

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

	Yes	No
10a		X
10b		
11a	X	
11b		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed  IN
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
  - Own website
  - Another's website
  - Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
  - William L Buchanan (765) 213-3540
  - 1200 N Minnetrista Parkway, Muncie, IN 47303

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

Check if Schedule O contains a response to any question 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) Elizabeth A Brewer President & CEO	50	X		X				129,227	21,411	
(2) Stefan S Anderson Trustee	0.5	X								
(3) Douglas A Bakken Trustee	0.5	X								
(4) Norman Beck Trustee	0.5	X								
(5) Stephan Bedl Trustee	0.5	X								
(6) Joseph J Bilello Trustee	0.5	X								
(7) James P Borgmann Vice Chair	0.5	X		X						
(8) Jack Demaree Trustee	0.5	X								
(9) Deanna K Edwards Secretary	0.5	X		X						
(10) Carey Fisher Trustee	0.5	X								
(11) James A Fisher Trustee	0.5	X								
(12) Michael Gonn Trustee	0.5	X								
(13) Martin Harker Trustee	0.5	X								
(14) Charles Hetnck Trustee	0.5	X								
(15) Elizabeth Hudson Trustee	0.5	X								
(16) Ruth Jennerjahn Trustee	0.5	X								

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(17) Marcia J Johnson Trustee	0.5	X								
(18) Tern Matchett Trustee	0.5	X								
(19) Michael Rechin Trustee	0.5	X								
(20) Al Rent Trustee	0.5	X								
(21) L Marshall Roch Trustee	0.5	X								
(22) Beth Schulte Trustee	0.5	X								
(23) Nancy L. Smith Chair	0.5	X		X						
(24) Bobbette Snyder Trustee	0.5	X								
(25) William L Buchanan Tres, V P, Fin /Oper	45			X			75,263		13,299	
(26)										
(27)										
(28)										
<b>1b Sub-total</b>							204,490		34,710	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							204,490		34,710	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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

(A) Name and business address	(B) Description of services	(C) Compensation
Cooper Consulting 2400 W CR 500 S, Muncie, IN 47302	Heating and A/C Services	155,184

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	113,278				
	b	Membership dues	1b	36,460				
	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	3,976,819				
	g	Noncash contributions included in lines 1a-1f:	\$					
	h	<b>Total.</b> Add lines 1a-1f			4,126,557			
Program Service Revenue				<b>Business Code</b>				
	2a	Admissions	900099	54,084	54,084			
	b	Programs	900099	55,912	55,912			
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			109,996			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		42,384			42,384	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
				89,437				
			b	Less rental expenses	93,651			
	c	Rental income or (loss)		-4,214				
	d	Net rental income or (loss)			-4,214	-4,214		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			412,760					
			b	Less cost or other basis and sales expenses	442,350			
			c	Gain or (loss)	-29,590			
	d	Net gain or (loss)			-29,590	-29,590		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses				
			c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a					
			b	Less direct expenses				
c			Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a	331,938					
		b	Less cost of goods sold	380,309				
		c	Net income or (loss) from sales of inventory			-48,371	-38,697	-9,674
Miscellaneous Revenue			<b>Business Code</b>					
11a	Miscellaneous	900099		412	412			
		b						
		c						
		d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d			412				
12	<b>Total revenue.</b> See instructions			4,197,174	37,907	-9,674	42,384	

**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) but are not required to complete columns (B), (C), and (D)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	204,490	46,294	119,428	38,768
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	1,567,156	1,177,537	278,431	111,188
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	104,499	63,395	28,052	13,052
9	Other employee benefits	213,454	143,054	53,723	16,677
10	Payroll taxes	136,907	88,682	36,634	11,591
11	Fees for services (non-employees)				
a	Management	75		75	
b	Legal	3,910		3,910	
c	Accounting	10,945		10,945	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,375		12,375	
g	Other	9,128		9,128	
12	Advertising and promotion	171,026	153,923	17,103	
13	Office expenses	67,093	50,046	14,925	2,122
14	Information technology	98,152	94,731		3,421
15	Royalties				
16	Occupancy	503,199	32,545	470,654	
17	Travel	6,065	4,754	94	1,217
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,680	36,785	2,976	919
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	596,509	419,776	176,733	
23	Insurance	72,406	8,500	63,906	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Exhibits	155,628	155,628		
b	Horticulture	83,274	83,274		
c	Special projects/events	42,861	42,861		
d	Programs	40,993	40,993		
e	Development	26,666			26,666
f	All other expenses	93,365	39,242	54,123	
25	<b>Total functional expenses.</b> Add lines 1 through 24f	4,260,856	2,682,020	1,353,215	225,621
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	532,699	<b>1</b>	598,995
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	250	<b>3</b>	54,745
	<b>4</b> Accounts receivable, net	15,040	<b>4</b>	7,682
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	111,084	<b>8</b>	133,233
	<b>9</b> Prepaid expenses and deferred charges	83,854	<b>9</b>	27,508
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 19,725,792		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 11,231,807	8,931,322	<b>10c</b> 8,493,985
	<b>11</b> Investments—publicly traded securities	1,504,217	<b>11</b>	1,789,073
	<b>12</b> Investments—other securities See Part IV, line 11	472,273	<b>12</b>	602,144
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11	5,881,174	<b>15</b>	5,881,174
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,531,913	<b>16</b>	17,588,539	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	154,367	<b>17</b>	84,435
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	154,367	<b>26</b>	84,435
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	15,884,267	<b>27</b>	15,757,180
	<b>28</b> Temporarily restricted net assets	518,940	<b>28</b>	619,735
	<b>29</b> Permanently restricted net assets	974,339	<b>29</b>	1,127,189
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances</b>	17,377,546	<b>33</b>	17,504,104
	<b>34 Total liabilities and net assets/fund balances</b>	17,531,913	<b>34</b>	17,588,539

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,197,174
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,260,856
3	Revenue less expenses Subtract line 2 from line 1	3	-63,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,377,546
5	Other changes in net assets or fund balances (explain in Schedule O)	5	190,240
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,504,104

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	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 in Schedule O	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ See separate instructions.

Name of the organization

Minnetnsta Cultural Foundation, Inc

Employer identification number

35-1628916

**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 11, 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 )
- 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 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 )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) See Attached Stmt									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five 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 2010 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

- 19a **33 1/3% support tests—2010.** 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—2009.** 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 ▶

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Minnetonka Cultural Foundation, Inc

Employer identification number

35-1628916

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.**

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7**

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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 8/17/06, 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?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, 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)?  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8**

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ 5,881,174

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 SFAS 116 (ASC 958) relating to these items

a Revenues included in 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 are a 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 programs
  - e  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 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" to 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 XIV and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,202,473	1,936,843	1,892,565		
<b>b</b> Contributions	157,850	82,000	227,938		
<b>c</b> Net investment earnings, gains, and losses	195,094	264,369	-183,660		
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	78,992	80,739			
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	2,476,425	2,202,473	1,936,843		

- 2** Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ▶ 35%
  - b Permanent endowment ▶ 41%
  - c Term endowment ▶ 24%
- 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 | X   |    |
| (ii) related organizations  |     | X  |
| <b>3b</b>                   |     |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		452,675		452,675
<b>b</b> Buildings		14,173,298	7,308,104	6,865,194
<b>c</b> Leasehold improvements		982,194	393,822	588,372
<b>d</b> Equipment		4,117,625	3,529,881	587,744
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,493,985

**Part VII Investments—Other Securities.** 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) .....		
(I) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Historical property and equipment	3,102,358
(2) Collections for museum	2,778,816
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	5,881,174

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,197,174
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,260,856
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-63,682
4	Net unrealized gains (losses) on investments	4	200,774
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	1,100
9	Total adjustments (net) Add lines 4 through 8	9	201,874
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	138,192

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	4,914,317
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	200,774
b	Donated services and use of facilities	2b	41,309
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	1,100
e	Add lines 2a through 2d	2e	243,183
3	Subtract line 2e from line 1	3	4,671,134
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	-473,960
c	Add lines 4a and 4b	4c	-473,960
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	4,197,174

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	4,776,125
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	41,309
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	473,960
e	Add lines 2a through 2d	2e	515,269
3	Subtract line 2e from line 1	3	4,260,856
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	4,260,856

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part III Line 4 The Minnetrsta Heritage Collection includes artifacts and archival material that document the people, places, organizations, events and businesses and industries of East Central Indiana This collection is held in trust by Minnetrsta for the public The foundation of the collection is Ball family and company papers, company products and family artifacts Approximately 20,000 artifacts in the collection include objects made in East Central Indiana, clothing and accessories, military uniforms and accoutrements, furniture, works of fine art, fine and decorative arts, toys and dolls, quilts and coverlets and other objects which document the cultural heritage of East Central Indiana Artifacts illustrate the Minnetrsta story (the story of the Ball family and Minnetrsta site) and the story of East Central Indiana They are used in exhibits, public school programs and for research The archival collection of more than 2,000 linear feet includes correspondence, ledgers, manuscripts, maps, newspapers, photographs,

**Part XIV Supplemental Information (continued)**

ephemera and other archival material which document the cultural heritage of East Central Indiana. The archival collection serves two main purposes: (1) it serves as a source of information for exhibits, programs and interpretation and for staff and researchers, and (2) it provides visual materials for exhibits. Several donations received over the past few years have enhanced the existing Ball family and business collection. These include paintings of the homes of the five Ball brothers and a significant collection of Ball related archival material. Other collections document business (F. B. Fogg, Muncie Washed Sand and Gravel Co.), not-for-profit organizations (Nonpareil Club, WIPB), people (Dr. Phillip Ball, William Barnes) and events.

Section V Line 4 Board Designated and Permanent Endowments. The Minnetrista Endowment Fund was begun with board-designated funds with the intention for these funds to be treated as permanently restricted. New donations to the Minnetrista Endowment Fund are restricted in principle with a percentage of generated revenue utilized for unrestricted operating purposes. Revenues are drawn from invested Endowment Funds in accordance to a written Spending Policy defined by the Finance and Investment Committee and approved by the Board of Trustees. Minnetrista also has additional named funds that are permanently restricted by the donors. Revenue generated by these funds is utilized for the donor-designated purpose. Donations to the Muncie-Delaware County Community Foundation, on behalf of Minnetrista, are governed by the spending policies of the Community Foundation. They are held in a restricted fund with the spendable proceeds released to Minnetrista for unrestricted spending expenses. Term Endowment. Minnetrista receives temporarily restricted funds from time to time through grants and private donations. These funds are appropriately invested for the intended purpose at which time they are released from restrictions.

Part XI Line 8 401k plan forfeitures \$1,100

Part XII Line 2d 401k plan forfeitures \$1,100

Section XII Line 4b Retail Shop and rental expenses reclassified to cost of goods sold \$473,960

Section XIII Line 2d Retail Shop and rental expenses reclassified to cost of goods sold \$473,960

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Minnetonka Cultural Foundation, Inc

Employer identification number

35-1628916

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

(HTA)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Elizabeth A Brewer	(i) 129,227			9,040	12,371	150,638	140,968
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

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 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Minnetrista Cultural Foundation, Inc

Employer identification number

35-1628916

Form 990 Part III Line 4a EXHIBITS AND COLLECTIONS Minnetrista brings to East Central Indiana experiences that could not be had anywhere else in our community. As a museum, many of these experiences are artifact or exhibit based giving our audiences access to the objects that define their own regional and cultural heritage. In 2010, Minnetrista hosted eleven temporary exhibits in three gallery spaces in addition to numerous exhibits in spaces around campus. Some of the exhibits that excited visitors in 2010 included Disease Detectives, Jazz in Black and White and art shows featuring regional art and artists. More than 21,000 people attended these exhibits including school children, families and active senior adults. Minnetrista presented a large original exhibition, She Can Make a Difference!, celebrating the preserving influence of women throughout our region. The exhibit utilized historic resources found in the Minnetrista Heritage Collection. In addition to objects in the exhibit, a victory garden was planted to demonstrate home gardening techniques.

The Minnetrista Heritage Collection includes artifacts, art and archival material that document the people, places, organizations, events and businesses and industries of East Central Indiana. A major component of the collections is Ball family materials and Ball Corporation business records. Several donations received in 2010 enhance the existing Ball family and business collection including two chairs original to the George Ball home and a necklace worn by Elisabeth Ball. Other collections include materials that document organizations (The Conversation Club, Psi Iota Xi Sorority), businesses (Durham Manufacturing), schools (Burns, Muncie Central, Ball State University), people (Mary Anna Beasley, Virginia Claypool Miller, Clara Rice) and events. Items of particular note include photographs of Ball freezer jar advertisements, a 1903 oil lease and a 1913 Ball Blue Book. The Minnetrista Heritage Collection is also a destination for researchers. In 2010, there were more than 250 requests for information, including 130 research questions about the Ball family, company and canning jars. In addition, the book From Jars to the Stars by Todd Neff was published. The book was partially based on extensive research in Minnetrista's Ball Corporation archives. By assisting these efforts, Minnetrista makes it possible to share the rich historical resources of East Central Indiana with the wider community.

Form 990 Part III Line 4b PUBLIC PROGRAMMING Minnetrista serves as "the gathering place" for East Central Indiana. In 2010, more than 91,000 visitors gathered for a wide range of educational and entertaining programs and events. Children experienced Minnetrista through school tours, summer camps and workshops. Families attended themed family programs, took

Name of the organization Minnetrista Cultural Foundation, Inc	Employer identification number 35-1628916
--	--

tours through the historic GA Ball Family home and participated in workshops, events and immersive exhibit experiences  
 Monthly family fun days were offered in 2010. These Saturday events utilized the spaces, exhibits and resources at Minnetrista  
 to provide exceptional experiences for families. Family fun day themes included Health Lab, Harvest Festival, Farm Fun and  
 Survivor Jamestown. In 2010, Minnetrista Theater Preserves continued outreach to schools by offering valuable education  
 at the schools. The outreach program performed 40 times, serving more than 4,700 audience members throughout East  
 Central Indiana

Form 990 Part III Line 4c. COMMUNITY ENGAGEMENT. Minnetrista improves the quality of life for East Central Indiana by  
 offering a beautiful location in the middle of Muncie. With a six-acre nature area, 21 acres of themed and historic gardens and  
 a stretch of the White River Greenway, Minnetrista serves as a green space for the community. In addition, Minnetrista uses  
 these spaces to offer community events. Garden Fair, Summer Stage Fest, Faeries, Sprites and Lights and Enchanted  
 Luminaria Walk annually offer the public days of fun and education. Many of these events are free and offer activities for families.  
 Throughout the spring and summer, the community can find local produce at the Minnetrista Farmers Market. This program  
 serves both the community and the vendors who participate. Minnetrista partners with MOMs (Motivate Our Minds), a local  
 organization that is committed to the education of underserved youth, to provide booth space and a vending cart to showcase  
 their children's produce and crafts. Market vendors also accept senior vouchers and WIC vouchers (Women, Infants and  
 Children) provided through federal and state programs, encouraging nutritional eating habits for low-income families and  
 individuals

Minnetrista is pleased to host many important community meetings and events, including Black History Month Kick-off  
 Celebration, Muncie Community Schools' annual Celebrating Excellence student recognition event and display, and steering  
 committee meetings and facilitator trainings for the Muncie Action Plan community planning process

In 2010, Minnetrista launched Casey's Clubhouse. Casey's Clubhouse is a child friendly space that encourages children and  
 families to explore their world. Children can become an explorer at Minnetrista and participate in activities on-site, at home  
 and online. Casey challenges explorers to become more aware of the world around them. More than 300 children have  
 become Casey Explorers and the program continues to grow

Name of the organization

Employer identification number

Minnetrista Cultural Foundation, Inc

35-1628916

Form 990 Part III Line 4d OTHER PROGRAM SERVICES The breakdown of the remaining \$859,107 in program expenses is as follows (in round figures) \$416,428 Depreciation Expense, \$132,836 Advertising, \$117,610 IT Expense, \$31,263 Professional Development, \$160,970 Administrative Expense

Form 990 Part VI Section A Line 2 Family Relationship Carey Fisher is the niece of James Fisher, both are on the Board of Trustees Business Relationship Norm Beck is the Executive Director and Stefan S. Anderson is a Trustee of the George & Frances Ball Foundation, a funding agency that, through grant funds, supports the mission of Minnetrista

Form 990 Part VI Section A Line 7a Minnetrista's Articles of Incorporation provide for 13 supported organizations within our 7-county primary service area Each of the supported organizations appoints a trustee to serve on Minnetrista's Board of Trustees, and these appointed trustees make up a majority of the Board Supported organizations include 6 community foundations, 3 universities, 1 Chamber of Commerce, 1 Economic Development Foundation, 1 community school foundation and 1 not-for-profit children's museum

Form 990 Part VI Section B Line 11 IRS Form 990 was prepared with significant in-put by the museum's leadership team, consisting of division/department heads The final document was prepared by the museum's auditing firm, the Vice President of Finance & Operations and the President & CEO Each appointed committee of the Board of Trustees reviewed and approved sections of the IRS Form 990 that related to their content areas Three committees - Finance & Investment, Trusteeship and Executive had overarching review of the entire Forms 990 and 990-T After committee review, the entire document was presented to every trustee for review

Form 990 Part VI Section B Line 12c All trustees, officers, key employees and members of the committee with board-designated powers are required to complete a Conflict of Interest Statement at the beginning of the fiscal year or at the beginning of their service and annually thereafter Individuals are provided with a list of key companies with which the museum regularly conducts business, including financial, accounting and legal services Disclosure Statements are reviewed by the Trusteeship Committee If a potential conflict is identified at the time of filing or anytime thereafter, there is a discussion with the interested person to obtain all material facts If required, a non-interested person or committee will be appointed to investigate the potential conflict The interested person is asked to leave the meeting during final discussions by the Board or relevant

Name of the organization

Employer identification number

Minnetrista Cultural Foundation, Inc

35-1628916

committee and is not permitted to vote on the final discussions by the Board or relevant committee and is not permitted to vote on the final outcome, including a determination that the transaction or arrangement is in the best interest of Minnetrista. Any interested person who violates the Conflict of Interest Policy shall be subject to appropriate discipline, including the removal from office. The minutes of all board and committee meetings shall include (1) The names of the persons who disclose financial interests, the nature of the financial interests and whether the board or committee determined that there was a conflict of interest, (2) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of these discussions, including any alternatives to the proposed transaction or arrangement, and a record of the vote

Form 990 Part VI Section B Line 15. All paid positions at Minnetrista are evaluated, using a written job description, against a Factor Evaluation System. The FES was developed with a Human Resources professor at Ball State University and places each position into a salary grade. All positions are reviewed every three years to ensure a fair and competitive compensation package is given to staff. Salary ranges are benchmarked against CompData published by the Muncie-Delaware County Chamber of Commerce, the annually published Wage & Salary Survey of the Association of Midwest Museums and the annual Compensation and Benefit Study of the American Public Gardens Association. Annual and quarterly reviews are conducted of each paid staff position and merit raises of 0% to 4% are awarded to the extent warranted. The compensation of the President & CEO was established by the Executive Committee of the Board of Trustees in consultation with an executive search firm and benchmarked against the same references noted above. An annual review is conducted by the Board Chair, merit increases are awarded within the same parameters as described for all paid staff.

Form 990 Part VI Section C Line 19: All governing documents, policy documents and financial statements are available for public inspection upon request to the Vice President of Finance & Operations or the President & CEO. In addition, an annual report that includes the audited Statement of Financial Position is mailed to all staff members and donors. The IRS Forms 990 and 990-T are also provided to Guidestar for online posting.

Form 990 Part IX Line 24f. The breakdown of All Other Expense of \$93,365 is as follows (in round numbers) (1) \$25,888 HR & Volunteer, (2) \$21,751 Collections Expense, (3) \$19,278 Administrative Expense, (4) \$18,706 Dues, Subscriptions and Other Tax and (5) \$7,742 Farmers Market Expense.



**Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations**

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1	Anderson University	35-0867954	501(c)(3)	X		X		X		
2	Ball State University	35-6000221	170(b)(1)(A)(II)	X		X		X		
3	Blackford County Community Foundation, Inc	35-1772356	501(c)(3)	X		X		X		
4	Community Foudation of Grant County, Inc	31-1117791	501(c)(3)	X		X		X		
5	Community Foundation of Muncie & Delaware Co , Inc	35-1640051	501(c)(3)	X		X		X		
6	Henry County Community Foundation, Inc	31-1170412	501(c)(3)	X		X		X		
7	Madison County Community Foundation, Inc	35-1859959	501(c)(3)	X		X		X		
8	Muncie Children's Museum	35-1404338	501(c)(3)	X		X		X		
9	Muncie Community School Corporation	35-6002674	501(c)(3)	X		X		X		
10	Muncie-Delaware County Chamber of Commerce	35-0534380	501(c)(6)	X		X		X		
11	The Portland Foundation	35-6028362	501(c)(3)	X		X		X		
12	Randolph Co Comm & Econ Development Foundation, Inc	35-1903148	501(c)(3)	X		X		X		
13	Taylor University	35-0868181	501(c)(3)	X		X		X		
14										
15										
16										
17										
18										
19										
20										

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

<b>Type or print</b>  <small>File by the extended due date for filing your return See instructions</small>	Name of exempt organization <b>Minnetrista Cultural Foundation, Inc</b>	Employer identification number <b>35-1628916</b>
	Number, street, and room or suite no If a P O box, see instructions <b>C/O Estep Burkey Simmons, LLC, P.O Box 42</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Muncie IN 47308-0042</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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 L Buchanan**  
 Telephone No **(765) 282-4848** FAX No
- 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

- I request an additional 3-month extension of time until **11/15/2011**
- For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **Additional time is requested in order to assemble information necessary to file a complete and accurate return. In addition, the organization's treasurer, who is primarily responsible for assembling information for the 990, suffered a heart attack and his absence has created an additional time burden on the organization**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$
<b>b</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.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</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  Title **CPA** Date **8/15/2011**