

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013**

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

**C** Name of organization: MINNETRISTA 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 MINNETRISTA PKWY  
 City or town, state or province, country, and ZIP or foreign postal code: MUNCIE, IN 473032925

**D** Employer identification number: 35-1628916  
**E** Telephone number: (765) 282-4848  
**G** Gross receipts \$ 6,150,715

**F** Name and address of principal officer: ELIZABETH A BREWER, 1200 N MINNETRISTA PARKWAY, MUNCIE, IN 473032925

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: WWW MINNETRISTA NET

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: MINNETRISTA 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	92
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-7,829
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-7,829	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,648,614	4,124,595
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,296	175,049
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,137	213,594
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-140,878	-87,007
		4,731,169	4,426,231
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,295,505	2,272,319
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,687		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,992,397	1,985,426
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,287,902	4,257,745	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	443,267	168,486	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	18,138,784	18,614,578
	<b>21</b> Total liabilities (Part X, line 26)	72,560	158,404
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	18,066,224	18,456,174	

**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: \*\*\*\*\*  
 Date: 2014-10-07  
 Type or print name and title: ELIZABETH A BREWER, PRESIDENT & CEO

**Paid Preparer Use Only**  
 Preparer's name: PATRICK W BURKEY  
 Preparer's signature: \_\_\_\_\_  
 Date: 2014-10-10  
 Check  if self-employed  
 PTIN: P00444925  
 Firm's name: ESTEP BURKEY SIMMONS LLC  
 Firm's EIN: 04-3587095  
 Firm's address: PO BOX 42, MUNCIE, IN 473080042  
 Phone no: (765) 284-7554

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 MINNETRISTA 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?  Yes  No  
 If "Yes," describe these new services on Schedule O

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

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

**4a** (Code ) (Expenses \$ 520,040 including grants of \$ ) (Revenue \$ )  
 EXHIBITS MINNETRISTA BRINGS TO EAST CENTRAL INDIANA EXPERIENCES THAT COULD NOT BE HAD ANYWHERE ELSE IN OUR COMMUNITY AS A MUSEUM, WE WEAVE OUR RICH RESOURCES, UNIQUE SITE, AND DIVERSE AUDIENCE INTO AWESOME COMMUNITY-RELEVANT EXPERIENCES IN 2013, MINNETRISTA HOSTED TEN TEMPORARY EXHIBITS IN THREE GALLERY SPACES IN ADDITION TO NUMEROUS EXHIBITS IN SPACES AROUND THE FORTY-ACRE CAMPUS SOME OF THE EXHIBITS THAT EXCITED VISITORS IN 2013 INCLUDED BUGS OUTSIDE THE BOX AND WICKED BUGS MINNETRISTA HELD TWO JURIED ART SHOWS FOR ADULT AVOCATIONAL AND PROFESSIONAL ARTISTS FROM INDIANA CONTINUED ON SCHEDULE O MINNETRISTA PRESENTED A 5,000 SQUARE FOOT ORIGINAL EXHIBITION, WEIRD AND WONDERFUL - CELEBRATING THE 25TH ANNIVERSARY OF MINNETRISTA BY CONNECTING TWENTY-FIVE WEIRD AND WONDERFUL DESTINATIONS IN EAST CENTRAL INDIANA THIS WAS A WONDERFUL COLLABORATION WITH OUR ECI DESTINATIONS, THEY PROVIDED GREAT OBJECTS AND INTERACTIVES FOR THE EXHIBIT AS WELL AS INCENTIVES FOR GUESTS TO VISIT ALL LOCATIONS THE MINNETRISTA HERITAGE GALLERY WAS INTRODUCED IN 2013 VISIBLE STORAGE EXHIBITS IN THIS GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION THAT ARE GENERALLY NOT AVAILABLE FOR PUBLIC VIEWING THE INAUGURAL EXHIBIT INCLUDED BALL JARS AND COMPANY MEMORABILIA THE MINNETRISTA HERITAGE COLLECTION INCLUDES ARTIFACTS, ART AND ARCHIVAL MATERIAL THAT DOCUMENT THE PEOPLE, PLACES, ORGANIZATIONS, EVENTS, BUSINESSES, AND INDUSTRIES OF EAST CENTRAL INDIANA A MAJOR COMPONENT OF THE COLLECTION IS BALL FAMILY MATERIALS AND BALL CORPORATION BUSINESS RECORDS SEVERAL ITEMS ACQUIRED IN 2013 ENHANCED THE EXISTING BALL FAMILY AND BUSINESS COLLECTION INCLUDING BALL CANNING JARS, 2 OF WHICH ARE QUITE RARE - THERE ARE ONLY TWO KNOWN EXAMPLES OF ONE VARIETY, OTHER PRODUCTS AND RELATED ARCHIVAL MATERIALS, BALL RECIPE BOOKS, ARCHIVAL MATERIALS CONCERNING CAMP CROSLY (A BALL LEGACY PROGRAM WITH THE YMCA), AND BALL COMPANY AND FAMILY PHOTOGRAPHS OTHER ADDITIONS TO COLLECTIONS INCLUDED MATERIALS THAT DOCUMENT REGIONAL ORGANIZATIONS (MONDAY AFTERNOON CLUB, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, SINAI TEMPLE IN MARION), INDIVIDUALS AND FAMILIES OF EAST CENTRAL INDIANA, AND REGIONAL SCHOOLS (CENTER SCHOOL, NORTHSIDE HIGH SCHOOL, EMERSON ELEMENTARY SCHOOL) NEW ADDITIONS TO THE ART COLLECTION INCLUDED A PAINTING BY DAVID DALE, A WELL-KNOWN REGIONAL AND INDIANA ARTIST WHO FREQUENTLY FINDS INSPIRATION ON THE GROUNDS OF MINNETRISTA, AND A HISTORIC FOUNTAIN THAT ONCE SAT IN FRONT OF THE ORIGINAL DELAWARE COUNTY COURTHOUSE MOST SIGNIFICANTLY, WORK WAS COMPLETED IN 2013 ON A REVISED COLLECTIONS PLAN THAT WILL GUIDE FUTURE COLLECTING, IN ALIGNMENT WITH OUR INSTITUTIONAL INTERPRETIVE FRAMEWORK THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS ALSO A DESTINATION FOR RESEARCHERS IN 2013, THERE WERE MORE THAN 190 RESEARCH REQUESTS AND 110 REQUESTS FOR INFORMATION ABOUT CANNING JARS RESEARCHERS DOING LONG-TERM PROJECTS INCLUDE A PH D CANDIDATE FROM PURDUE UNIVERSITY WHO BEGAN WORKING WITH US IN 2012 BY THE END OF THE YEAR, THERE WERE MORE THAN 11,000 ARTIFACTS AND PHOTOGRAPHS FROM THE MINNETRISTA HERITAGE COLLECTION HOSTED ON THE MINNETRISTA WEB SITE

**4b** (Code ) (Expenses \$ 581,478 including grants of \$ ) (Revenue \$ )  
 PUBLIC PROGRAMMING IN 2013, MINNETRISTA COMPLETED WORK ON A REBRANDING CAMPAIGN TO BETTER SERVE OUR CURRENT AND POTENTIAL AUDIENCES THROUGH THIS PROCESS, MINNETRISTA CONTINUED TO REVISE PROGRAMMING TO BOTH MEET THE NEEDS OF THE COMMUNITY AND THE MISSION OF THE ORGANIZATION CONTINUED ON SCHEDULE O AS THE HOME OF THE BALL JAR, MINNETRISTA CONTINUES TO SERVE AS A LEGACY SITE AND GATHERING PLACE FOR EAST CENTRAL INDIANA THE NAME "MINNETRISTA" TRANSLATES TO "GATHERING PLACE BY THE WATER " VISITORS COME TO EXPLORE, RECHARGE, AND CONNECT IN 2013, MORE THAN 102,700 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, PARTICIPATED IN WORKSHOPS, EVENTS, AND IMMERSIVE EXHIBIT EXPERIENCES REGULARLY SCHEDULED FAMILY FUN DAYS WERE OFFERED IN 2013 THESE SATURDAY EVENTS UTILIZED THE SPACES, EXHIBITS, AND RESOURCES AT MINNETRISTA TO PROVIDE EXCEPTIONAL EXPERIENCES FOR FAMILIES IN 2013, MINNETRISTA THEATRE PRESERVES CONTINUED ITS OUTREACH TO THE COMMUNITY BY OFFERING VALUABLE EDUCATIONAL AND INTERACTIVE THEATER PROGRAMS AT HOST SCHOOLS AND LIBRARIES THE OUTREACH PROGRAM PERFORMED MORE THAN 50 TIMES SERVING MORE THAN 6,000 AUDIENCE MEMBERS THROUGHOUT EAST CENTRAL INDIANA AND AN ADDITIONAL 8,000 AUDIENCE MEMBERS AT PERFORMANCES ON-SITE EMBEDDED IN OTHER EXHIBIT AND PROGRAM EXPERIENCES HIGHLIGHTS FROM 2013 INCLUDED PERFORMING THE ORIGINAL PRODUCTION, MY PLATE THE MUSICAL, AT THE PURDUE UNIVERSITY PAVILION AT THE INDIANA STATE FAIR THIS SHOW ALIGNED WITH PURDUE'S EDUCATIONAL PROGRAMMING ON DIET AND NUTRITION MINNETRISTA THEATRE PRESERVES WAS PLEASED TO ACCEPT THIS INVITATION MTP STAFF WAS ALSO REQUESTED TO PROVIDE TRAINING ON MANAGEMENT OF A MUSEUM THEATER PROGRAM FOR THE STAFF OF THE MUSEUM OF SCIENCE AND INDUSTRY IN CHICAGO, ILLINOIS

**4c** (Code ) (Expenses \$ 746,476 including grants of \$ ) (Revenue \$ )  
 COMMUNITY ENGAGEMENT MINNETRISTA ENHANCES QUALITY OF PLACE 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 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 AND EVENINGS OF FUN AND EDUCATION MANY EVENTS ARE FREE AND INCLUDE SPECIAL ACTIVITIES FOR FAMILIES CONTINUED ON SCHEDULE O 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 MARKET VENDORS 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 IN 2013, A NEW PARTNERSHIP WAS INITIATED BETWEEN MINNETRISTA AND INDIANA UNIVERSITY HEALTH - BALL MEMORIAL HOSPITAL FOUNDATION THAT PROVIDES "MARKET BUCKS" TO A DOZEN LOW INCOME FAMILIES MARKET BUCKS MAY BE USED TO PURCHASE PRODUCE AT THE FARMERS MARKET ADDITIONAL EDUCATION PROGRAMS ON DIET, NUTRITION AND GENERAL HEALTH WERE HELD FOR THESE FAMILIES AT MINNETRISTA ON MARKET DAYS WITH MARKET BUCKS BEING DISTRIBUTED AFTERWARDS 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 MEETINGS OF THE MUNCIE ACTION PLAN BOARD AS WELL AS REPORTS TO THE COMMUNITY OF THE MAP COMMITTEES MINNETRISTA IS THE ALSO THE MEETING SITE FOR REGIONAL HOBBY GROUPS AND SERVICE ORGANIZATIONS INCLUDING ROTARY, ALTRUSA, MUNCIE ARTISTS GUILD, AND MASTER GARDENERS MINNETRISTA HAS ACTIVE PARTNERSHIPS WITH MANY RELATED ORGANIZATIONS, PARTICULARLY BALL STATE UNIVERSITY, INDIANA PUBLIC RADIO AND PUBLIC BROADCASTING, AND ARTS AND EDUCATIONAL ORGANIZATIONS ANOTHER NEW COLLABORATION IN 2013 WAS THE FLAGS OF HONOR CELEBRATION BETWEEN LABOR DAY AND PATRIOT DAY THE MUNCIE EXCHANGE CLUB RECEIVED SPONSORSHIPS TO FLY 700 AMERICAN FLAGS HONORING THOSE IN THE MILITARY, VETERANS, PUBLIC SERVICE, AND EVERYDAY HEROES THE EVENT WAS HOSTED AT MINNETRISTA WHERE WE PROVIDED LOGISTICS SUPPORT, MARKETING SUPPORT, AND A HIGHLY VISIBLE AND BEAUTIFUL LOCATION EASILY ACCESSIBLE BY THE PUBLIC

(Code ) (Expenses \$ 867,639 including grants of \$ ) (Revenue \$ )  
 OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 867,639 IN PROGRAM EXPENSES IS AS FOLLOWS 393,968 DEPRECIATION EXPENSE, 124,949 IT EXPENSE, 205,210 ADVERTISING, 143,512 ADMINISTRATIVE EXPENSE

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 867,639 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** 2,715,633

**Part IV Checklist of Required Schedules**

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

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

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or 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>	<b>22</b>		No
<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>	<b>23</b>	Yes	
<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 25a . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</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>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<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>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<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>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</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>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	Yes	
<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>	<b>30</b>	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<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>	<b>32</b>		No
<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>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>		
<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>	<b>36</b>		No
<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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

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

		Yes	No
<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>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<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>2b</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).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<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)?		No
<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?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</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 as charitable contributions?		No
<b>6b</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?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</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>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</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>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</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>11a</b>	Gross income from members or shareholders.		
<b>11b</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>12b</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>13a</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>13b</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>13c</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?		No
<b>14b</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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (24), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. PHILLIP L DUNN 1200 N MINNETRISTA PARKWAY MUNCIE, IN 47303 (765) 287-3526

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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/CE	50 00	X		X				129,527	0	22,022
(2) STEFAN S ANDERSON TRUSTEE	50	X						0	0	0
(3) TOM BRACKEN TRUSTEE	50	X						0	0	0
(4) STEPHEN BEDI VICE CHAIR	1 00	X		X				0	0	0
(5) JAMES P BORGMANN CHAIR	1 00	X		X				0	0	0
(6) JENNIFER BOTT TRUSTEE	50	X						0	0	0
(7) RICHARD CRIST TRUSTEE	50	X						0	0	0
(8) JACK DEMAREE TRUSTEE	50	X						0	0	0
(9) DEANNA K EDWARDS SECRETARY	50	X		X				0	0	0
(10) CAREY FISHER TRUSTEE	50	X						0	0	0
(11) JAMES A FISHER TRUSTEE	50	X						0	0	0
(12) MICHAEL GORIN TRUSTEE	50	X						0	0	0
(13) MIKE HALEY TRUSTEE	50	X						0	0	0
(14) TIM HELLER TRUSTEE	50	X						0	0	0
(15) CHARLES HETRICK TRUSTEE	50	X						0	0	0
(16) JOHN LIGHTLE TRUSTEE	50	X						0	0	0
(17) NICCI LUNSFORD TRUSTEE	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(18) JEFF MANTOCK TRUSTEE	50	X					0	0	0	
(19) AL RENT VICE CHAIR	50	X		X			0	0	0	
(20) BETH SCHULTE TRUSTEE	50	X					0	0	0	
(21) NANCY J SMITH IMMEDIATE PA	50	X					0	0	0	
(22) ROB WEAVER TRUSTEE	50	X					0	0	0	
(23) CARLA WHEELDON TRUSTEE	50	X					0	0	0	
(24) KIM WILLIAMS TRUSTEE	50	X					0	0	0	
(25) ANN LUDWIG TRUSTEE	50	X					0	0	0	
(26) PHILLIP L DUNN TREASURER, C	45 00			X			71,131	0	13,448	
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							200,658		35,470	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COOPER CONSULTING, 2400 W 500 S MUNCIE IN 47302	TECHNOLOGY	146,921
EKEEPER SYSTEMS INCORPORATED, PO BOX 3294 MUNCIE IN 473073294	TECH CONSULTING	121,598
SA BOYCE, 209 W ONTARIO DR MUNCIE IN 47303	CONSTRUCTION	103,968

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>	27,666				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	4,096,929				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	82,649				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	4,124,595				
<b>Program Service Revenue</b>	<b>2a</b>	PROGRAMS	900099	115,601	115,601		
	<b>b</b>	ADMISSIONS	900099	59,448	59,448		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		175,049			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		53,901		53,901	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real	103,905			
			(ii) Personal				
			<b>b</b> Less rental expenses	151,772			
			<b>c</b> Rental income or (loss)	-47,867			
	<b>d</b>	Net rental income or (loss) . . . . .		-47,867	-47,867		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,371,964			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	1,201,597	10,674		
			<b>c</b> Gain or (loss)	170,367	-10,674		
	<b>d</b>	Net gain or (loss) . . . . .		159,693	159,693		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	321,301				
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>	360,441				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		-39,140	-31,311	-7,829	
Miscellaneous Revenue		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		4,426,231	255,564	-7,829	53,901	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	200,658	55,199	98,144	47,315
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	1,598,036	1,221,219	261,598	115,219
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	332,383	212,293	85,555	34,535
<b>9</b>	Other employee benefits.				
<b>10</b>	Payroll taxes.	141,242	102,132	26,186	12,924
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.				
<b>b</b>	Legal.	3,552		3,552	
<b>c</b>	Accounting.	21,477		21,477	
<b>d</b>	Lobbying.				
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.	18,268		18,268	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,939	7,216	3,910	7,813
<b>12</b>	Advertising and promotion.	228,011	205,210	22,801	
<b>13</b>	Office expenses.	82,520	25,771	54,539	2,210
<b>14</b>	Information technology.	124,949	124,949		
<b>15</b>	Royalties.				
<b>16</b>	Occupancy.	312,451	27,214	285,237	
<b>17</b>	Travel.				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.	35,839	14,194	16,483	5,162
<b>20</b>	Interest.				
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	562,811	393,968	168,843	
<b>23</b>	Insurance.	88,350	8,517	79,833	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	REPAIRS AND MAINTENANCE	190,060	60,600	129,460	
<b>b</b>	EXHIBIT COSTS	137,458	137,458		
<b>c</b>	SPECIAL EVENTS	76,300	76,300		
<b>d</b>	PROGRAMS	39,041	29,659	9,382	
<b>e</b>	All other expenses	45,400	13,734	27,157	4,509
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	4,257,745	2,715,633	1,312,425	229,687
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	115,996	<b>1</b>	276,119
	<b>2</b> Savings and temporary cash investments . . . . .	415,695	<b>2</b>	551,358
	<b>3</b> Pledges and grants receivable, net . . . . .	485,453	<b>3</b>	271,872
	<b>4</b> Accounts receivable, net . . . . .	3,725	<b>4</b>	6,929
	<b>5</b> Loans and other 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> Loans and other 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) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	62,793	<b>8</b>	78,766
	<b>9</b> Prepaid expenses and deferred charges . . . . .	62,171	<b>9</b>	31,380
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 20,575,880		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 12,923,209	7,856,817	<b>10c</b> 7,652,671
	<b>11</b> Investments—publicly traded securities . . . . .	2,703,903	<b>11</b>	3,525,538
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	551,057	<b>12</b>	338,771
	<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) . . . . .	18,138,784	<b>16</b>	18,614,578	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	72,560	<b>17</b>	158,404
	<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> Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	72,560	<b>26</b>	158,404
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	15,530,816	<b>27</b>	15,358,105
	<b>28</b> Temporarily restricted net assets . . . . .	510,904	<b>28</b>	583,135
	<b>29</b> Permanently restricted net assets . . . . .	2,024,504	<b>29</b>	2,514,934
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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</b> Total net assets or fund balances . . . . .	18,066,224	<b>33</b>	18,456,174	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	18,138,784	<b>34</b>	18,614,578	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,426,231
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,257,745
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	168,486
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,066,224
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	221,464
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	18,456,174

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> 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	Yes	
<b>3a</b> 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?		No
<b>3b</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 990EZ)

**Public Charity Status and Public Support**

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization**  
MINNETRISTA CULTURAL FOUNDATIONINC

**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 - Non-functionally integrated
- 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
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No
  - (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?
- h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶						

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</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 ▶		
<b>b 33 1/3% support test—2012.</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 ▶		
<b>17a 10%-facts-and-circumstances test—2013.</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 ▶		
<b>b 10%-facts-and-circumstances test—2012.</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 ▶		
<b>18 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 ▶		

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
PART I, LINE 11H	HENRY COUNTY COMMUNITY FOUNDATION, INC 31-1170412 7 X X X 0 MADISON COUNTY COMMUNITY FOUNDATION, INC 35-1859959 7 X X X 0 MUNCIE CHILDREN'S MUSEUM, INC 35-1404338 9 X X X 0 MUNCIE COMMUNITY SCHOOL CORPORATION 35-6002674 2 X X X 0 MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE, INC 35-0534380 7 X X X 0 THE PORTLAND FOUNDATION, INC 35-6028362 8 X X X 0 COMMUNITY FOUNDATION OF RANDOLPH COUNTY, INC 35-1903148 7 X X X 0 TAYLOR UNIVERSITY 35-0868181 2 X X X 0

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-1628916  
**Name:** MINNETRISTA CULTURAL FOUNDATIONINC

**Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ANDERSON UNIVERSITY	350867954	2	Yes		Yes		Yes		0
(A) BALL STATE UNIVERSITY	356000221	2	Yes		Yes		Yes		0
(B) BLACKFORD COUNTY COMMUNITY FOUNDATION INC	351772356	7	Yes		Yes		Yes		0
(C) COMMUNITY FOUNDATION OF GRANT COUNTY INC	311117791	8	Yes		Yes		Yes		0
(D) COMMUNITY FOUNDATION OF MUNCIE & DELAWARE COUNTY INC	351640051	7	Yes		Yes		Yes		0
(E) HENRY COUNTY COMMUNITY FOUNDATION INC	311170412	7	Yes		Yes		Yes		0
(F) MADISON COUNTY COMMUNITY FOUNDATION INC	351859959	7	Yes		Yes		Yes		0
(G) MUNCIE CHILDREN'S MUSEUM INC	351404338	9	Yes		Yes		Yes		0
(H) MUNCIE COMMUNITY SCHOOL CORPORATION	356002674	2	Yes		Yes		Yes		0
(I) MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE INC	350534380	7	Yes		Yes		Yes		0
(J) THE PORTLAND FOUNDATION INC	356028362	8	Yes		Yes		Yes		0
(K) COMMUNITY FOUNDATION OF RANDOLPH COUNTY INC	351903148	7	Yes		Yes		Yes		0
(L) TAYLOR UNIVERSITY	350868181	2	Yes		Yes		Yes		0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MINNETRISTA CULTURAL FOUNDATIONINC

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

**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 XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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	3,149,779	2,721,000	2,476,425	2,202,473	1,936,843
<b>b</b> Contributions	263,755	995,749	366,048	157,850	82,000
<b>c</b> Net investment earnings, gains, and losses	422,718	249,810	15,709	195,094	264,369
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	63,491	52,612	137,182	78,992	80,739
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	3,772,761	3,149,779	2,721,000	2,476,425	2,202,473

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 30 000 %
  - b** Permanent endowment ▶ 67 000 %
  - c** Temporarily restricted endowment ▶ 3 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations		No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		452,674		452,674
<b>b</b> Buildings		14,595,300	8,466,650	6,128,650
<b>c</b> Leasehold improvements		1,062,201	496,736	565,465
<b>d</b> Equipment		4,465,705	3,959,823	505,882
<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).)				7,652,671

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. 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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	5,881,174

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	5,215,375
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	221,464	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	55,467	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 276,931
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,938,444
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-512,213	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -512,213
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 4,426,231

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	4,825,425
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	55,467	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	512,213	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 567,680
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,257,745
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 4,257,745

**Part XIII Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	THE MINNETRISTA HERTITAGE COLLECTION INCLUDES ARTIFACTS AND ARCHIVAL MATERIALS THAT DOCUMENT THE PEOPLE, PLACES, ORGANIZATIONS, EVENTS, BUSINESSES, AND INDUSTRIES OF EAST CENTRAL INDIANA THIS COLLECTION IS HELD IN TRUST BY MINNETRISTA FOR THE PUBLIC THE FOUNDATION OF THE COLLECTION IS BALL FAMILY AND BALL COMPANY PAPERS, COMPANY PRODUCTS, AND FAMILY ARTIFACTS APPROXIMATELY 25,000 ARTIFACTS ARE IN THE COLLECTION INCLUDING 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 MINNETRISTA STORY (THE STORY OF THE BALL FAMILY AND MINNETRISTA 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, EPHEMERA, AND OTHER ARCHIVAL MATERIAL WHICH DOCUMENT THE CULTURAL HERITAGE OF EAST CENTRAL INDIANA THE ARCHIVAL COLLECTION SERVES TWO MAIN PURPOSES (1) AS A SOURCE OF INFORMATION FOR EXHIBITS, PROGRAMS, AND INTERPRETATION 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 BUSINESSES (F B FOGG, MUNCIE WASHED SAND AND GRAVEL CO ), NOT-FOR-PROFIT ORGANIZATIONS (NONPAREIL CLUB, WIPB), PEOPLE (DR PHILLIP BALL, WILLIAM BARNES), AND EVENTS
SCHEDULE D, PAGE 2, PART 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 PRINCIPAL 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, MAINTAINED 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 OPERATING EXPENSES TEMPORARILY RESTRICTED ENDOWMENT MINNETRISTA RECEIVES TEMPORARILY RESTRICTED FUNDS FROM TIME TO TIME THROUGH GRANTS AND PRIVATE DONATIONS THESE FUNDS ARE INVESTED AND HELD FOR THE INTENDED PURPOSE UNTIL THEY ARE RELEASED FROM RESTRICTIONS
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION FOLLOWS THE INCOME TAX TOPIC OF THE FASB ASC THE FOUNDATION NOW RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED THE FOUNDATION HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES THE FOUNDATION'S FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS FOR 2010, 2011, AND 2012 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE INDIANA DEPARTMENT OF REVENUE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THEY ARE FILED
SCHEDULE D, PAGE 4, PART XI, LINE 4B	RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS -512,213
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS 512,213



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MINNETRISTA CULTURAL FOUNDATIONINC

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 idemnification 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 in 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <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?
- 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 501(c)(3) and 501(c)(4) organizations only 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH A BREWER PRESIDENT/CEO/TRUSEE	(i) (ii)	129,527			22,022		151,549	

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 7	JAMES BORGMANN, A TRUSTEE OF MINNETRISTA, IS A PARTNER WITH THE LAW FIRM DEFUR VORAN LLP. DEFUR VORAN LLP PROVIDES LEGAL SERVICES TO MINNETRISTA. LEGAL FEES FOR 2013 TOTALED 3,552.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MINNETRISTA CULTURAL FOUNDATIONINC

Employer identification number 35-1628916

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art-Works of art, Art-Historical treasures, Books and publications, Securities-Publicly traded, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding property reporting and gift acceptance policies.

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

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 33	THE ASSET CLASS "COLLECTIONS" WILL ONLY REFLECT CHANGES WHEN 1) AN OBJECT IS ACQUIRED WITH A CERTIFIED APPRAISAL AND THE VALUE IS 5,000 OR HIGHER (IN KEEPING WITH IRS DONOR REGULATIONS), 2) MINNETRISTA COMMISSIONS A CERTIFIED APPRAISAL OF AN OBJECT DURING ACQUISITION THAT STATES A VALUE OF 5,000 OR HIGHER, OR 3) AN OBJECT, OR SIGNIFICANT CLASS OF OBJECTS, IS DEACCESSIONED FROM THE COLLECTION WITH A VALUE OF 5,000 OR HIGHER
SCHEDULE M, PAGE 2, PART II	GENERAL DESCRIPTIONS OF CONTRIBUTIONS BY PART I LINE NUMBER 1) WORKS OF ART LIMITED EDITION PRINT AND A PASTEL PAINTING, 2) HISTORICAL TREASURES ARCHIVAL MATERIALS INCLUDING PHOTOGRAPHS, CORRESPONDENCE, AND DOCUMENTATION RELATING TO FAMILIES, ORGANIZATIONS AND BUSINESSES IN EAST CENTRAL INDIANA, 4) BOOKS AND PUBLICATIONS ARCHIVAL PUBLICATIONS RELATED TO THE ABOVE, 22) HISTORICAL ARTIFACTS ASSORTED CANNING JARS (MOSTLY BALL CORP), FURNITURE AND OTHER ITEMS RELATING TO FAMILIES, ORGANIZATIONS AND BUSINESSES IN EAST CENTRAL INDIANA

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
MINNETRISTA CULTURAL FOUNDATIONINC

Employer identification number

35-1628916

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>MINNETRISTA PRESENTED A 5,000 SQUARE FOOT ORIGINAL EXHIBITION, WEIRD AND WONDERFUL - CELEBRATING THE 25TH ANNIVERSARY OF MINNETRISTA BY CONNECTING TWENTY-FIVE WEIRD AND WONDERFUL DESTINATIONS IN EAST CENTRAL INDIANA THIS WAS A WONDERFUL COLLABORATION WITH OUR ECI DESTINATIONS, THEY PROVIDED GREAT OBJECTS AND INTERACTIVES FOR THE EXHIBIT AS WELL AS INCENTIVES FOR GUESTS TO VISIT ALL LOCATIONS THE MINNETRISTA HERITAGE GALLERY WAS INTRODUCED IN 2013 VISIBLE STORAGE EXHIBITS IN THIS GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION THAT ARE GENERALLY NOT AVAILABLE FOR PUBLIC VIEWING THE INAUGURAL EXHIBIT INCLUDED BALL JARS AND COMPANY MEMORABILIA THE MINNETRISTA HERITAGE COLLECTION INCLUDES ARTIFACTS, ART AND ARCHIVAL MATERIAL THAT DOCUMENT THE PEOPLE, PLACES, ORGANIZATIONS, EVENTS, BUSINESSES, AND INDUSTRIES OF EAST CENTRAL INDIANA A MAJOR COMPONENT OF THE COLLECTION IS BALL FAMILY MATERIALS AND BALL CORPORATION BUSINESS RECORDS SEVERAL ITEMS ACQUIRED IN 2013 ENHANCED THE EXISTING BALL FAMILY AND BUSINESS COLLECTION INCLUDING BALL CANNING JARS, 2 OF WHICH ARE QUITE RARE - THERE ARE ONLY TWO KNOWN EXAMPLES OF ONE VARIETY, OTHER PRODUCTS AND RELATED ARCHIVAL MATERIALS, BALL RECIPE BOOKS, ARCHIVAL MATERIALS CONCERNING CAMP CROSLEY (A BALL LEGACY PROGRAM WITH THE YMCA), AND BALL COMPANY AND FAMILY PHOTOGRAPHS OTHER ADDITIONS TO COLLECTIONS INCLUDED MATERIALS THAT DOCUMENT REGIONAL ORGANIZATIONS (MONDAY AFTERNOON CLUB, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, SINAI TEMPLE IN MARION), INDIVIDUALS AND FAMILIES OF EAST CENTRAL INDIANA, AND REGIONAL SCHOOLS (CENTER SCHOOL, NORTHSIDE HIGH SCHOOL, EMERSON ELEMENTARY SCHOOL) NEW ADDITIONS TO THE ART COLLECTION INCLUDED A PAINTING BY DAVID DALE, A WELL-KNOWN REGIONAL AND INDIANA ARTIST WHO FREQUENTLY FINDS INSPIRATION ON THE GROUNDS OF MINNETRISTA, AND A HISTORIC FOUNTAIN THAT ONCE SAT IN FRONT OF THE ORIGINAL DELAWARE COUNTY COURTHOUSE MOST SIGNIFICANTLY, WORK WAS COMPLETED IN 2013 ON A REVISED COLLECTIONS PLAN THAT WILL GUIDE FUTURE COLLECTING, IN ALIGNMENT WITH OUR INSTITUTIONAL INTERPRETIVE FRAMEWORK THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS ALSO A DESTINATION FOR RESEARCHERS IN 2013, THERE WERE MORE THAN 190 RESEARCH REQUESTS AND 110 REQUESTS FOR INFORMATION ABOUT CANNING JARS RESEARCHERS DOING LONG-TERM PROJECTS INCLUDE A PH D CANDIDATE FROM PURDUE UNIVERSITY WHO BEGAN WORKING WITH US IN 2012 BY THE END OF THE YEAR, THERE WERE MORE THAN 11,000 ARTIFACTS AND PHOTOGRAPHS FROM THE MINNETRISTA HERITAGE COLLECTION HOSTED ON THE MINNETRISTA WEB SITE</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>AS THE HOME OF THE BALL JAR, MINNETRISTA CONTINUES TO SERVE AS A LEGACY SITE AND GATHERING PLACE FOR EAST CENTRAL INDIANA. THE NAME "MINNETRISTA" TRANSLATES TO "GATHERING PLACE BY THE WATER." VISITORS COME TO EXPLORE, RECHARGE, AND CONNECT. IN 2013, MORE THAN 102,700 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, PARTICIPATED IN WORKSHOPS, EVENTS, AND IMMERSIVE EXHIBIT EXPERIENCES. REGULARLY SCHEDULED FAMILY FUN DAYS WERE OFFERED IN 2013. THESE SATURDAY EVENTS UTILIZED THE SPACES, EXHIBITS, AND RESOURCES AT MINNETRISTA TO PROVIDE EXCEPTIONAL EXPERIENCES FOR FAMILIES. IN 2013, MINNETRISTA THEATRE PRESERVES CONTINUED ITS OUTREACH TO THE COMMUNITY BY OFFERING VALUABLE EDUCATIONAL AND INTERACTIVE THEATER PROGRAMS AT HOST SCHOOLS AND LIBRARIES. THE OUTREACH PROGRAM PERFORMED MORE THAN 50 TIMES SERVING MORE THAN 6,000 AUDIENCE MEMBERS THROUGHOUT EAST CENTRAL INDIANA AND AN ADDITIONAL 8,000 AUDIENCE MEMBERS AT PERFORMANCES ON-SITE EMBEDDED IN OTHER EXHIBIT AND PROGRAM EXPERIENCES. HIGHLIGHTS FROM 2013 INCLUDED PERFORMING THE ORIGINAL PRODUCTION, MY PLATE THE MUSICAL, AT THE PURDUE UNIVERSITY PAVILION AT THE INDIANA STATE FAIR. THIS SHOW ALIGNED WITH PURDUE'S EDUCATIONAL PROGRAMMING ON DIET AND NUTRITION. MINNETRISTA THEATRE PRESERVES WAS PLEASED TO ACCEPT THIS INVITATION. MTP STAFF WAS ALSO REQUESTED TO PROVIDE TRAINING ON MANAGEMENT OF A MUSEUM THEATER PROGRAM FOR THE STAFF OF THE MUSEUM OF SCIENCE AND INDUSTRY IN CHICAGO, ILLINOIS.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>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. MARKET VENDORS 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. IN 2013, A NEW PARTNERSHIP WAS INITIATED BETWEEN MINNETRISTA AND INDIANA UNIVERSITY HEALTH - BALL MEMORIAL HOSPITAL FOUNDATION THAT PROVIDES "MARKET BUCKS" TO A DOZEN LOW INCOME FAMILIES. MARKET BUCKS MAY BE USED TO PURCHASE PRODUCE AT THE FARMERS MARKET. ADDITIONAL EDUCATION PROGRAMS ON DIET, NUTRITION AND GENERAL HEALTH WERE HELD FOR THESE FAMILIES AT MINNETRISTA ON MARKET DAYS WITH MARKET BUCKS BEING DISTRIBUTED AFTERWARDS. 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 MEETINGS OF THE MUNCIE ACTION PLAN BOARD AS WELL AS REPORTS TO THE COMMUNITY OF THE MAP COMMITTEES. MINNETRISTA IS THE ALSO THE MEETING SITE FOR REGIONAL HOBBY GROUPS AND SERVICE ORGANIZATIONS INCLUDING ROTARY, ALTRUSA, MUNCIE ARTISTS GUILD, AND MASTER GARDENERS. MINNETRISTA HAS ACTIVE PARTNERSHIPS WITH MANY RELATED ORGANIZATIONS, PARTICULARLY BALL STATE UNIVERSITY, INDIANA PUBLIC RADIO AND PUBLIC BROADCASTING, AND ARTS AND EDUCATIONAL ORGANIZATIONS. ANOTHER NEW COLLABORATION IN 2013 WAS THE FLAGS OF HONOR CELEBRATION BETWEEN LABOR DAY AND PATRIOT DAY. THE MUNCIE EXCHANGE CLUB RECEIVED SPONSORSHIPS TO FLY 700 AMERICAN FLAGS HONORING THOSE IN THE MILITARY, VETERANS, PUBLIC SERVICE, AND EVERYDAY HEROES. THE EVENT WAS HOSTED AT MINNETRISTA WHERE WE PROVIDED LOGISTICS SUPPORT, MARKETING SUPPORT, AND A HIGHLY VISIBLE AND BEAUTIFUL LOCATION EASILY ACCESSIBLE BY THE PUBLIC.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 867,639 IN PROGRAM EXPENSES IS AS FOLLOWS 393,968 DEPRECIATION EXPENSE, 124,949 IT EXPENSE, 205,210 ADVERTISING, 143,512 ADMINISTRATIVE EXPENSE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	TOM BRACKEN (SEE BELOW) STEFAN ANDERSON (SEE BELOW) TRUSTEE TRUSTEE GEORGE & FRANCES BALL FOUNDATION GEORGE & FRANCES BALL FOUNDATION FUNDING AGENCY FOR MINNETRISTA JAMES FISHER CAREY FISHER TRUSTEE TRUSTEE FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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 7 COMMUNITY FOUNDATIONS, 3 UNIVERSITIES, 1 CHAMBER OF COMMERCE, 1 COMMUNITY SCHOOL CORPORATION, AND 1 NOT-FOR-PROFIT CHILDREN'S MUSEUM

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	IRS FORM 990 WAS PREPARED WITH SIGNIFICANT INPUT BY THE MUSEUM'S LEADERSHIP TEAM, CONSISTING OF DIVISION/DEPARTMENT HEADS. THE FINAL DOCUMENT WAS PREPARED BY THE MUSEUM'S AUDITING FIRM, THE CHIEF FINANCIAL OFFICER, 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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES 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 ANY TIME 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 COMMITTEE AND IS NOT PERMITTED TO VOTE ON THE FINAL OUTCOME, INCLUDING 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 REMOVAL FROM OFFICE. THE MINUTES OF ALL BOARD AND COMMITTEE MEETINGS SHALL INCLUDE (1) THE NAMES OF 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 TRANSACTIONS OR ARRANGEMENT, THE CONTENT OF THESE DISCUSSIONS, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF THE VOTE.</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 15A	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 AS FOR ALL PAID STAFF. AN ANNUAL REVIEW IS CONDUCTED BY THE BOARD CHAIR, MERIT INCREASES ARE AWARDED WITHIN THE SAME PARAMETERS AS DESCRIBED FOR ALL PAID STAFF.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	ALL PAID POSITIONS AT MINNETRISTA ARE EVALUATED, USING WRITTEN JOB DESCRIPTIONS, 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 WITH A HUMAN RESOURCES PROFESSOR AT BALL STATE UNIVERSITY EVERY THREE YEARS TO ENSURE A FAIR AND COMPETITIVE COMPENSATION PACKAGE IS OFFERED TO STAFF SALARY RANGES ARE BENCHMARKED AGAINST COMPDATA PUBLISHED BY THE MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE, THE ANNUALLY PUBLISHED WAGE & SALARY SURVEY OF MIDWEST MUSEUMS, AND THE ANNUAL COMPENSATION AND BENEFIT STUDY OF THE AMERICAN PUBLIC GARDENS ASSOCIATION ANNUAL AND QUARTERLY REVIEWS ARE CONDUCTED FOR EACH PAID STAFF POSITION AND MERIT RAISES OF 0% TO 4% MAY BE AWARDED

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS, POLICY DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST TO THE CHIEF FINANCIAL OFFICER 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS 512,213 RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS -512,213