

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNETRISTA CULTURAL FOUNDATIONINC 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 \$ 6,730,320
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW MINNETRISTA NET		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1987 M State of legal domicile IN

Part I Summary

Activities & Governance	1	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		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	83
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-40,350
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-40,350	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,124,595	3,956,654
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,049	136,333
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,594	324,965
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-87,007	-100,234
			4,426,231	4,317,718
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,272,319	2,351,007
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 393,549		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,985,426	1,904,964
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,257,745	4,255,971
19	Revenue less expenses Subtract line 18 from line 12	168,486	61,747	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	18,614,578	18,566,292
	22	Net assets or fund balances Subtract line 21 from line 20	158,404	113,633
		18,456,174	18,452,659	

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	2015-11-12 Date			
	ELIZABETH A BREWER PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PATRICK W BURKEY	Preparer's signature PATRICK W BURKEY	Date 2015-11-12	Check <input type="checkbox"/> 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 \$ 486,158 including grants of \$) (Revenue \$)
 EXHIBITS AND COLLECTIONS MINNETRISTA BRINGS TO EAST CENTRAL INDIANA EXPERIENCES THAT COULD NOT BE HAD ANYWHERE ELSE IN OUR COMMUNITY RICH RESOURCES AND A UNIQUE SITE ARE COMBINED WITH AUDIENCE NEEDS TO CREATE INTERESTING, RELEVANT EXPERIENCES IN 2014, MINNETRISTA HOSTED NINE 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 2014 INCLUDED WATERS EXTREME JOURNEY AND A SECOND BIENNIAL ART SHOW - GLASS MINNETRISTA HELD TWO JURIED ART SHOWS FOR ADULT AVOCATIONAL AND PROFESSIONAL ARTISTS FROM INDIANA CONTINUED ON SCHEDULE O MINNETRISTA PRESENTED A LARGE ORIGINAL EXHIBITION THAT CONTINUED INTO THE 1ST QUARTER OF 2014, WEIRD AND WONDERFUL - CELEBRATING THE 25TH ANNIVERSARY OF MINNETRISTA BY CONNECTING WITH TWENTY-FIVE WEIRD AND WONDERFUL DESTINATIONS IN EAST CENTRAL INDIANA VISIBLE STORAGE EXHIBITS IN THE HERITAGE COLLECTION GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION IN 2014, THE FIRST OF TWO EXHIBITS FEATURED KITCHEN ITEMS AND THE SECOND FEATURED ARTIFACTS RELATING TO CHILDHOOD THE MINNETRISTA HERITAGE COLLECTION INCLUDES ARTIFACTS, ART AND ARCHIVAL MATERIAL THAT DOCUMENT THE PEOPLE, PLACES, ORGANIZATIONS, EVENTS, AND BUSINESSES AND INDUSTRIES OF EAST CENTRAL INDIANA A MAJOR COMPONENT OF THE COLLECTION IS BALL FAMILY MATERIALS AND BALL CORPORATION BUSINESS RECORDS SEVERAL ACQUISITIONS RECEIVED IN 2014 ENHANCE THE EXISTING BALL BUSINESS COLLECTION INCLUDING FRUIT JARS, PACKER JARS, AND ALUMINUM CANS, ARCHIVAL MATERIALS, AND COMPANY PHOTOGRAPHS NEW ADDITIONS TO THE BALL FAMILY MATERIALS INCLUDED TAPED INTERVIEWS, A WEDDING DRESS, AND TOYS OTHER 2014 ADDITIONS TO THE COLLECTIONS INCLUDED MATERIALS THAT DOCUMENT ORGANIZATIONS (DELAWARE COUNTY EXTENSION HOMEMAKERS CLUB, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, GIRL SCOUTS, TEMPLE BETH EL), MATERIALS THAT DOCUMENT PEOPLE AND FAMILIES, MATERIALS FROM SCHOOLS (NORTHSIDE HIGH SCHOOL, MUNCIE CENTRAL HIGH SCHOOL, WINCHESTER HIGH SCHOOL), AND ART ACQUISITIONS (TWO PAINTINGS BY J OTTIS ADAMS AND TWO PAINTINGS FEATURED IN THE "PAINTING INDIANA" EXHIBIT) THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS ALSO A DESTINATION FOR RESEARCHERS IN 2014, THERE WERE MORE THAN 180 RESEARCH REQUESTS AND 100 REQUESTS FOR INFORMATION ABOUT CANNING JARS RESEARCHERS DOING LONG-TERM PROJECTS INCLUDED A BALL STATE UNIVERSITY HISTORY PROFESSOR WHO IS WRITING A BOOK ON CAMP CROSLY TO BE PUBLISHED IN 2015 BY THE END OF THE YEAR, THERE WERE MORE THAN 14,000 ARTIFACTS AND PHOTOGRAPHS FROM THE MINNETRISTA HERITAGE COLLECTION ON-LINE THE ON-LINE COLLECTION RECEIVED MORE THAN 20,000 HITS

4b (Code) (Expenses \$ 567,014 including grants of \$) (Revenue \$)
 PUBLIC PROGRAMMING IN 2014, MINNETRISTA LAUNCHED A REBRANDING CAMPAIGN TO BETTER IDENTIFY OUR INSTITUTION AS AUDIENCE FOCUSED MINNETRISTA CONTINUED TO REVISE PROGRAMMING TO BOTH MEET THE NEEDS OF THE COMMUNITY AND THE MISSION OF THE ORGANIZATION AS THE HOME OF THE BALL JAR, MINNETRISTA CONTINUES TO SERVES AS A LEGACY SITE AND GATHERING PLACE FOR EAST CENTRAL INDIANA VISITORS COME TO EXPLORE, RECHARGE, AND CONNECT IN 2014, MORE THAN 100,000 VISITORS GATHERED FOR A WIDE RANGE OF EDUCATIONAL AND ENTERTAINING PROGRAMS AND EVENTS TO ACCOMPLISH THAT CONTINUED ON SCHEDULE O CHILDREN EXPERIENCED MINNETRISTA THROUGH SCHOOL TOURS, SUMMER CAMPS, AND WORKSHOPS FAMILIES ATTENDED THEMED FAMILY PROGRAMS, PARTICIPATED IN WORKSHOPS, EVENTS, AND IMMERSIVE EXHIBIT EXPERIENCES TEA AND TALK AND AFTER HOURS PROVIDED NEW OPPORTUNITIES FOR ADULTS TO SOCIALIZE AND LEARN AT MINNETRISTA IN 2014, MINNETRISTA THEATRE PRESERVES CONTINUED ITS OUTREACH TO THE COMMUNITY BY OFFERING VALUABLE EDUCATIONAL EVENTS AT HOST SCHOOLS AND LIBRARIES THE OUTREACH PROGRAM PERFORMED MORE THAN 75 TIMES, SERVING MORE THAN 6,400 AUDIENCE MEMBERS THROUGHOUT EAST CENTRAL INDIANA

4c (Code) (Expenses \$ 209,524 including grants of \$) (Revenue \$)
 COMMUNITY ENGAGEMENT MINNETRISTA IMPROVES THE QUALITY OF LIFE FOR EAST CENTRAL INDIANA BY OFFERING A BEAUTIFUL LOCATION IN THE MIDDLE OF MUNCIE WITH A SIX-ACRE NATURE AREA, 21 ACRES OF THEMED AND HISTORIC GARDENS, AND A STRETCH OF THE WHITE RIVER GREENWAY, MINNETRISTA SERVES AS 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 OF THESE EVENTS ARE FREE AND OFFER ACTIVITIES FOR FAMILIES THROUGHOUT THE SPRING, SUMMER, AND FALL THE COMMUNITY CAN FIND LOCAL PRODUCE AT THE MINNETRISTA FARMERS MARKET CONTINUED ON SCHEDULE O THIS PROGRAM SERVES AS A SERVICE TO 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 MINNETRISTA ALSO PARTNERS WITH INDIANA UNIVERSITY HEALTH-BALL MEMORIAL HOSPITAL TO PROVIDE SPECIAL NUTRITION CLASSES AND "MARKET BUCKS" FOR AT-RISK FAMILIES MINNETRISTA IS PLEASED TO HOST MANY SIGNIFICANT COMMUNITY MEETINGS AND EVENTS, INCLUDING BLACK HISTORY MONTH KICK-OFF CELEBRATION, MUNCIE COMMUNITY SCHOOLS' ANNUAL CELEBRATE EXCELLENCE STUDENT RECOGNITION EVENT AND DISPLAY, AND BOARD MEETINGS FOR THE MUNCIE ACTION PLAN AND MUNCIE ARTS AND CULTURE COUNCIL MINNETRISTA IS ALSO THE MEETING SITE FOR REGIONAL HOBBY GROUPS AND SERVICE ORGANIZATIONS INCLUDING ROTARY, ALTRUSA, MUNCIE ARTISTS GUILD, AND MASTER GARDENERS, TO NAME A FEW

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 775,491 including grants of \$) (Revenue \$)

4e Total program service expenses 2,038,187

Part IV Checklist of Required Schedules

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

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	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 "Yes," complete Schedule L, Part II</i>	26		No
27	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>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 25		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 83		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	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

Section A. Governing Body and Management

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

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

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

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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records PHILLIP L DUNN 1200 N MINNETRISTA PARKWAY MUNCIE, IN 47303 (765) 282-4848

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			

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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		213,900	36,120

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
EKEEPER SYSTEMS INCORPORATED, PO BOX 3294 MUNCIE, IN 473073294	TECH CONSULTING	124,991

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 **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b	23,960				
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,932,694				
	g	Noncash contributions included in lines 1a-1f \$ 1g	23,399				
	h	Total. Add lines 1a-1f 1h	3,956,654				
Program Service Revenue	2a	PROGRAMS	900099	76,319	76,319		
	b	ADMISSIONS	900099	60,014	60,014		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f 2g		136,333			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) 3		64,147		64,147	
	4	Income from investment of tax-exempt bond proceeds 4					
	5	Royalties 5					
	6a	Gross rents	(i) Real	92,804			
			(ii) Personal				
			b Less rental expenses	152,688			
			c Rental income or (loss)	-59,884			
	d	Net rental income or (loss) 6d		-59,884	-59,884		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,156,045			
			(ii) Other				
			b Less cost or other basis and sales expenses	1,895,227			
			c Gain or (loss)	260,818			
	d	Net gain or (loss) 7d		260,818	260,818		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 8a					
	b	Less direct expenses 8b					
c	Net income or (loss) from fundraising events 8c						
9a	Gross income from gaming activities See Part IV, line 19 9a						
b	Less direct expenses 9b						
c	Net income or (loss) from gaming activities 9c						
10a	Gross sales of inventory, less returns and allowances 10a	a	324,337				
		b Less cost of goods sold 10b	364,687				
		c Net income or (loss) from sales of inventory 10c		-40,350		-40,350	
11a	Miscellaneous Revenue	Business Code					
		b					
		c					
		d All other revenue 11d					
		e Total. Add lines 11a-11d 11e					
12	Total revenue. See Instructions 12		4,317,718	337,267	-40,350	64,147	

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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	215,317	61,770	101,836	51,711
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,591,467	712,464	652,996	226,007
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	407,477	166,925	173,127	67,425
9	Other employee benefits				
10	Payroll taxes	136,746	60,278	55,118	21,350
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,500		2,500	
c	Accounting	21,661		21,661	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	18,444		18,444	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,675	2,125	3,425	3,125
12	Advertising and promotion	262,339	236,105	26,234	
13	Office expenses	77,057	24,963	43,486	8,608
14	Information technology	113,952	113,952		
15	Royalties				
16	Occupancy	310,011	27,003	283,008	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,292	20,126	14,802	5,364
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	547,890	383,523	164,367	
23	Insurance	92,423	8,910	83,513	
24	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.)				
a	REPAIRS AND MAINTENANCE	183,372	33,872	149,500	
b	EXHIBIT COSTS	88,320	88,320		
c	PROGRAMS	51,409	43,346	8,063	
d	SPECIAL EVENTS	34,267	34,267		
e	All other expenses	52,352	20,238	22,155	9,959
25	Total functional expenses. Add lines 1 through 24e	4,255,971	2,038,187	1,824,235	393,549
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	276,119	1	220,276
	2 Savings and temporary cash investments	551,358	2	703,944
	3 Pledges and grants receivable, net	271,872	3	124,960
	4 Accounts receivable, net	6,929	4	16,712
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	78,766	8	80,203
	9 Prepaid expenses and deferred charges	31,380	9	116,860
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,627,546		
	b Less accumulated depreciation	10b 13,441,615	7,652,671	10c 7,185,931
	11 Investments—publicly traded securities	3,525,538	11	3,896,062
	12 Investments—other securities See Part IV, line 11	338,771	12	340,170
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,881,174	15	5,881,174
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,614,578	16	18,566,292	
Liabilities	17 Accounts payable and accrued expenses	158,404	17	113,633
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	158,404	26	113,633
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,358,105	27	15,073,149
	28 Temporarily restricted net assets	583,135	28	784,922
	29 Permanently restricted net assets	2,514,934	29	2,594,588
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,456,174	33	18,452,659	
34 Total liabilities and net assets/fund balances	18,614,578	34	18,566,292	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,317,718
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,255,971
3	Revenue less expenses Subtract line 2 from line 1	3	61,747
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,456,174
5	Net unrealized gains (losses) on investments	5	-65,262
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,452,659

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 35-1628916

Name: MINNETRISTA CULTURAL FOUNDATIONINC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 775,491 including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 775,491 IN PROGRAM EXPENSES IS AS FOLLOWS 383,523
DEPRECIATION EXPENSE, 113,952 IT EXPENSE, 236,105 ADVERTISING, 41,911 ADMINISTRATIVE EXPENSE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 PRES/CEO/TRU	50 00	X		X				141,674	0	22,618
(1) STEPHEN BEDI CHAIR	0 50	X		X				0	0	0
(2) JAMES P BORGMANN TRUSTEE	0 50	X						0	0	0
(3) JENNIFER BOTT TRUSTEE	0 50	X						0	0	0
(4) TOM BRACKEN TRUSTEE	0 50	X						0	0	0
(5) LINDA BRANAM TRUSTEE	0 50	X						0	0	0
(6) RICHARD CRIST VICE CHAIR	0 50	X		X				0	0	0
(7) CAREY FISHER TRUSTEE	0 50	X						0	0	0
(8) MICHAEL GORIN TRUSTEE	0 50	X						0	0	0
(9) MIKE HALEY TRUSTEE	0 50	X						0	0	0
(10) TIM HELLER TRUSTEE	0 50	X						0	0	0
(11) CHARLES HETRICK TRUSTEE	0 50	X						0	0	0
(12) CHIP JAGGERS TRUSTEE	0 50	X						0	0	0
(13) BLAKE JANUTOLO TRUSTEE	0 50	X						0	0	0
(14) STEVE SMITH TRUSTEE	0 50	X						0	0	0
(15) ANN LUDWIG TRUSTEE	0 50	X						0	0	0
(16) JOHN LIGHTLE TRUSTEE	0 50	X						0	0	0
(17) NICCI LUNSFORD TRUSTEE	0 50	X						0	0	0
(18) JEFF MANTOCK TRUSTEE	0 50	X						0	0	0
(19) AL RENT VICE CHAIR	0 50	X		X				0	0	0
(20) BETH SCHULTE TRUSTEE	0 50	X						0	0	0
(21) KATHY WHITE TRUSTEE	0 50	X						0	0	0
(22) ROB WEAVER TRUSTEE	0 50	X						0	0	0
(23) CARLA WHEELDON SECRETARY	0 50	X						0	0	0
(24) KIM WILLIAMS TRUSTEE	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(26) PHILLIP L DUNN TREASURER, C	45 00			X				72,226	0	13,502

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations **1 3**
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 13						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1	Yes	
2		No

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

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

Facts And Circumstances Test

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

Additional Data**Software ID:****Software Version:****EIN:** 35-1628916**Name:** MINNETRISTA CULTURAL FOUNDATIONINC**Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ANDERSON UNIVERSITY	350867954	2	Yes		1	0
(A) BALL STATE UNIVERSITY	356000221	2	Yes		1	0
(B) BLACKFORD COUNTY COMMUNITY FOUNDATION INC	351772356	7	Yes		1	0
(C) COMMUNITY FOUNDATION OF GRANT COUNTY INC	311117791	8	Yes		1	0
(D) COMMUNITY FOUNDATION OF MUNCIE & DELAWARE COUNTY INC	351640051	7	Yes		1	0
(E) HENRY COUNTY COMMUNITY FOUNDATION INC	311170412	7	Yes		0	0
(F) MADISON COUNTY COMMUNITY FOUNDATION INC	351859959	7	Yes		0	0
(G) MUNCIE CHILDREN'S MUSEUM INC	351404338	9	Yes		0	0
(H) MUNCIE COMMUNITY SCHOOL CORPORATION	356002674	2	Yes		0	0
(I) MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE INC	350534380	7	Yes		0	0
(J) THE PORTLAND FOUNDATION INC	356028362	8	Yes		0	0
(K) COMMUNITY FOUNDATION OF RANDOLPH COUNTY INC	351903148	7	Yes		0	0
(L) TAYLOR UNIVERSITY	350868181	2	Yes		0	0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

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.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose of easements, total number, acreage, and number of easements in various categories.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures for public service and financial gain.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	3,772,761	3,149,779	2,721,000	2,476,425	2,202,473
b Contributions	79,654	263,755	995,749	366,048	157,850
c Net investment earnings, gains, and losses	238,840	422,718	249,810	15,709	195,094
d Grants or scholarships					
e Other expenditures for facilities and programs	141,353	63,491	52,612	137,182	78,992
f Administrative expenses					
g End of year balance	3,949,902	3,772,761	3,149,779	2,721,000	2,476,425

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

- a** Board designated or quasi-endowment ▶ 32.000 %
 - b** Permanent endowment ▶ 66.000 %
 - c** Temporarily restricted endowment ▶ 2.000 %
- 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
(i) unrelated organizations	3a(i) Yes	
(ii) 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
1a Land		452,674		452,674
b Buildings		14,600,460	8,861,692	5,738,768
c Leasehold improvements		1,062,201	536,201	526,000
d Equipment		4,512,211	4,043,722	468,489
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,185,931

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.

1	Total revenue, gains, and other support per audited financial statements		1	4,825,389
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-65,262	
b	Donated services and use of facilities	2b	55,558	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e -9,704
3	Subtract line 2e from line 1			3 4,835,093
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-517,375	
c	Add lines 4a and 4b			4c -517,375
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 4,317,718

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.

1	Total expenses and losses per audited financial statements		1	4,828,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	55,558	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	517,375	
e	Add lines 2a through 2d			2e 572,933
3	Subtract line 2e from line 1			3 4,255,971
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 4,255,971

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
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 2011, 2012, AND 2013 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 -517,375
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS 517,375

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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.**

▶ **Information about Schedule J (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 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH A BREWER, PRES/CEO/TRUSTEE	(i)	141,674				22,618	164,292	
	(ii)

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 2014 TOTALED 2,500.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2014
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.**

Name of the organization
MINNETRISTA CULTURAL FOUNDATIONINC

Employer identification number
35-1628916

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	7		
2 Art—Historical treasures	X	17		
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	13		
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1	23,399	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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

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

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 PAPIER MACHE SCULPTURES, PASTEL AND OIL PAINTINGS, HAND PAINTED CHINA, 2) HISTORICAL TREASURES ARCHIVAL MATERIALS INCLUDING PHOTOGRAPHS, CORRESPONDENCE, SCRAPBOOKS, 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 BALL CANNING JARS, TOYS, QUILT, WEDDING DRESS, AND OTHER ARTIFACTS 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 990-EZ 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.

2014

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 LARGE ORIGINAL EXHIBITION THAT CONTINUED INTO THE 1ST QUARTER OF 2014, WEIRD AND WONDERFUL - CELEBRATING THE 25TH ANNIVERSARY OF MINNETRISTA BY CONNECTING WITH TWENTY-FIVE WEIRD AND WONDERFUL DESTINATIONS IN EAST CENTRAL INDIANA VISIBLE STORAGE EXHIBITS IN THE HERITAGE COLLECTION GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION IN 2014, THE FIRST OF TWO EXHIBITS FEATURED KITCHEN ITEMS AND THE SECOND FEATURED ARTIFACTS RELATING TO CHILDHOOD THE MINNETRISTA HERITAGE COLLECTION INCLUDES ARTIFACTS, ART AND ARCHIVAL MATERIAL THAT DOCUMENT THE PEOPLE, PLACES, ORGANIZATIONS, EVENTS, AND BUSINESSES AND INDUSTRIES OF EAST CENTRAL INDIANA A MAJOR COMPONENT OF THE COLLECTION IS BALL FAMILY MATERIALS AND BALL CORPORATION BUSINESS RECORDS SEVERAL ACQUISITIONS RECEIVED IN 2014 ENHANCE THE EXISTING BALL BUSINESS COLLECTION INCLUDING FRUIT JARS, PACKER JARS, AND ALUMINUM CANS, ARCHIVAL MATERIALS, AND COMPANY PHOTOGRAPHS NEW ADDITIONS TO THE BALL FAMILY MATERIALS INCLUDED TAPED INTERVIEWS, A WEDDING DRESS, AND TOYS OTHER 2014 ADDITIONS TO THE COLLECTIONS INCLUDED MATERIALS THAT DOCUMENT ORGANIZATIONS (DELAWARE COUNTY EXTENSION HOMEMAKERS CLUB, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, GIRL SCOUTS, TEMPLE BETH EL), MATERIALS THAT DOCUMENT PEOPLE AND FAMILIES, MATERIALS FROM SCHOOLS (NORTHSIDE HIGH SCHOOL, MUNCIE CENTRAL HIGH SCHOOL, WINCHESTER HIGH SCHOOL), AND ART ACQUISITIONS (TWO PAINTINGS BY J OTTIS ADAMS AND TWO PAINTINGS FEATURED IN THE "PAINTING INDIANA" EXHIBIT) THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS ALSO A DESTINATION FOR RESEARCHERS IN 2014, THERE WERE MORE THAN 180 RESEARCH REQUESTS AND 100 REQUESTS FOR INFORMATION ABOUT CANNING JARS RESEARCHERS DOING LONG-TERM PROJECTS INCLUDED A BALL STATE UNIVERSITY HISTORY PROFESSOR WHO IS WRITING A BOOK ON CAMP CROSLY TO BE PUBLISHED IN 2015 BY THE END OF THE YEAR, THERE WERE MORE THAN 14,000 ARTIFACTS AND PHOTOGRAPHS FROM THE MINNETRISTA HERITAGE COLLECTION ON-LINE THE ON-LINE COLLECTION RECEIVED MORE THAN 20,000 HITS</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	CHILDREN EXPERIENCED MINNETRISTA THROUGH SCHOOL TOURS, SUMMER CAMPS, AND WORKSHOPS. FAMILIES ATTENDED THEMED FAMILY PROGRAMS, PARTICIPATED IN WORKSHOPS, EVENTS, AND IMMERSIVE EXHIBIT EXPERIENCES. TEA AND TALK AND AFTER HOURS PROVIDED NEW OPPORTUNITIES FOR ADULTS TO SOCIALIZE AND LEARN AT MINNETRISTA. IN 2014, MINNETRISTA THEATRE PRESERVES CONTINUED ITS OUTREACH TO THE COMMUNITY BY OFFERING VALUABLE EDUCATIONAL EVENTS AT HOST SCHOOLS AND LIBRARIES. THE OUTREACH PROGRAM PERFORMED MORE THAN 75 TIMES, SERVING MORE THAN 6,400 AUDIENCE MEMBERS THROUGHOUT EAST CENTRAL INDIANA.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	THIS PROGRAM SERVES AS A SERVICE TO 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. MINNETRISTA ALSO PARTNERS WITH INDIANA UNIVERSITY HEALTH-BALL MEMORIAL HOSPITAL TO PROVIDE SPECIAL NUTRITION CLASSES AND "MARKET BUCKS" FOR AT-RISK FAMILIES. MINNETRISTA IS PLEASED TO HOST MANY SIGNIFICANT COMMUNITY MEETINGS AND EVENTS, INCLUDING BLACK HISTORY MONTH KICK-OFF CELEBRATION, MUNCIE COMMUNITY SCHOOLS' ANNUAL CELEBRATE EXCELLENCE STUDENT RECOGNITION EVENT AND DISPLAY, AND BOARD MEETINGS FOR THE MUNCIE ACTION PLAN AND MUNCIE ARTS AND CULTURE COUNCIL. MINNETRISTA IS ALSO THE MEETING SITE FOR REGIONAL HOBBY GROUPS AND SERVICE ORGANIZATIONS INCLUDING ROTARY, ALTRUSA, MUNCIE ARTISTS GUILD, AND MASTER GARDENERS, TO NAME A FEW.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 775,491 IN PROGRAM EXPENSES IS AS FOLLOWS 383,523 DEPRECIATION EXPENSE, 113,952 IT EXPENSE, 236,105 ADVERTISING, 41,911 ADMINISTRATIVE EXPENSE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	TOM BRACKEN GEORGE AND FRANCES BALL FOUNDATION TRUSTEE FUNDING AGENCY FOR MINNETRISTA

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 PRIOR TO FILING.

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>

Return Reference	Explanation
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 517,375 RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS -517,375