

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/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
MINNETRISTA CULTURAL FOUNDATION INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1200 N MINNETRISTA PKWY
City or town, state or province, country, and ZIP or foreign postal code
MUNCIE, IN 473032925

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

F Name and address of principal officer
ELIZABETH A BREWER
1200 N MINNETRISTA PARKWAY
MUNCIE, IN 47303

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

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

J Website: WWW MINNETRISTA NET

H(c) Group exemption number
L Year of formation 1987
M State of legal domicile IN

K Form of organization
Corporation Trust Association Other

Part I Summary

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 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) 25
4 Number of independent voting members of the governing body (Part VI, line 1b) 24
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 89
6 Total number of volunteers (estimate if necessary) 200
7a Total unrelated business revenue from Part VIII, column (C), line 12 -30,511
7b Net unrelated business taxable income from Form 990-T, line 34 -30,511

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows include Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, employee benefits, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses, Total assets, Total liabilities, Net assets or fund balances.

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: PATRICK W BURKEY
Date: 2016-11-11
Type or print name and title: ELIZABETH A BREWER PRES/CEO/TRUSTEE

Paid Preparer Use Only
Print/Type preparer's name: PATRICK W BURKEY
Preparer's signature: PATRICK W BURKEY
Date: 2016-11-12
Check if self-employed:
PTIN: P00444925
Firm's name: ESTEP BURKEY SIMMONS LLC
Firm's EIN: 04-3587095
Firm's address: PO BOX 42
MUNCIE, IN 473080042
Phone no: (765) 284-7554

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MINNETRISTA IS A GATHERING PLACE THAT FOCUSES ON THE EXPLORATION OF NATURE, HISTORY, GARDENS AND ART, WHERE VIBRANT, AUDIENCE-CENTERED EXPERIENCES HONOR OUR HERITAGE AND INSPIRE THE FUTURE OF OUR REGION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? 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 \$ 489,991 including grants of \$) (Revenue \$ 50,358) 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 2015, MINNETRISTA HOSTED NINE TEMPORARY EXHIBITS IN THREE GALLERY SPACES, IN ADDITION TO NUMEROUS EXHIBITS IN SPACES ACROSS THE FORTY-ACRE CAMPUS SOME OF THE EXHIBITS THAT EXCITED VISITORS IN 2015 INCLUDED HANDS-ON HARLEY-DAVIDSON AND HUMANS PLUS REAL LIVES + REAL ENGINEERING MINNETRISTA PRODUCED TWO JURIED ART SHOWS FOR ADULT AVOCATIONAL AND PROFESSIONAL ARTISTS FROM INDIANA AND PRESENTED A LARGE ORIGINAL EXHIBITION DURING THE SUMMER OF 2015 - MY COLLECTION, MY STORY - CONTINUED ON SCHEDULE O - SHOWCASING THE DIVERSE AND UNIQUE EVERYDAY COLLECTIONS OF LOCAL RESIDENTS, FROM PEZ DISPENSERS TO FABERG EGGS VISIBLE STORAGE EXHIBITS IN THE HERITAGE COLLECTION GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION IN 2015, IN CELEBRATION OF ITS SESQUICENTENNIAL, ARTIFACTS THAT TELL THE STORY OF THE BUSINESSES, INDUSTRY, PEOPLE, PLACES AND ORGANIZATIONS OF MUNCIE WERE FEATURED 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 2015 ENHANCE THE EXISTING BALL BUSINESS COLLECTION INCLUDING FRUIT JARS, PACKER JARS, A VIDEO SIGNAL MULTIPLEXER AND ARCHIVAL MATERIALS OTHER BALL MATERIALS INCLUDE ARCHIVAL MATERIALS DOCUMENTING BALL STORES (A GROUP OF DEPARTMENT STORES ACTIVE IN MUNCIE FROM THE 1903S TO 1990) OTHER COLLECTIONS INCLUDE MATERIALS THAT DOCUMENT ORGANIZATIONS (YMCA AND CAMP CROSLY, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, YWCA, CONVERSATION CLUB, SIGMA PHI GAMMA SORORITY AND PI OMICRON SORORITY), PEOPLE AND FAMILIES, SCHOOLS (BURRIS, EMERSON ELEMENTARY SCHOOL, EATON HIGH SCHOOL, MUNCIE HIGH SCHOOL, ROYERTON HIGH SCHOOL), AND ARTWORK, INCLUDING A PAINTING BY J OTTIS ADAMS (A MEMBER OF THE HOOSIER GROUP OF INDIANA LANDSCAPE PAINTERS OF THE LATE 19TH/EARLY 20TH CENTURIES) THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS ALSO A DESTINATION FOR RESEARCHERS IN 2015, THERE WERE MORE THAN 150 RESEARCH REQUESTS AND 90 REQUESTS FOR INFORMATION ABOUT CANNING JARS BY THE END OF THE YEAR, THERE WERE MORE THAN 15,000 ARTIFACTS AND PHOTOGRAPHS FROM THE MINNETRISTA HERITAGE COLLECTION ON-LINE THE ON-LINE COLLECTION RECEIVED MORE THAN 25,000 VIEWS

4b (Code) (Expenses \$ 577,205 including grants of \$) (Revenue \$ 82,908) PUBLIC PROGRAMMING AS THE HOME OF THE BALL JAR, MINNETRISTA CONTINUES TO SERVE AS A LEGACY SITE AND GATHERING PLACE FOR EAST CENTRAL INDIANA VISITORS COME TO EXPLORE, RECHARGE, AND CONNECT IN 2015, MORE THAN 104,000 VISITORS GATHERED FOR A WIDE RANGE OF EDUCATIONAL AND ENTERTAINING PROGRAMS AND EVENTS CHILDREN EXPERIENCED MINNETRISTA THROUGH SCHOOL TOURS, SUMMER CAMPS, AND WORKSHOPS FAMILIES ATTENDED THEMED FAMILY PROGRAMS, PARTICIPATED IN WORKSHOPS, EVENTS, AND IMMERSIVE EXHIBIT EXPERIENCES TEA AND TALK AND AFTER HOURS PROVIDED OPPORTUNITIES FOR ADULTS TO SOCIALIZE AND LEARN AT MINNETRISTA IN 2015, MINNETRISTA THEATRE PRESERVES CONTINUED ITS OUTREACH TO THE COMMUNITY BY OFFERING VALUABLE EDUCATIONAL EVENTS AT HOST SCHOOLS AND LIBRARIES CONTINUED ON SCHEDULE O THE OUTREACH PROGRAM PERFORMED MORE THAN 65 TIMES, SERVING MORE THAN 4,600 AUDIENCE MEMBERS THROUGHOUT EAST CENTRAL INDIANA
















4c (Code) (Expenses \$ 195,956 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 OF ENJOYMENT AND EDUCATION MANY OF THESE EVENTS ARE FREE AND OFFER ACTIVITIES FOR FAMILIES THROUGHOUT THE YEAR, AND PARTICULARLY SPRING THROUGH FALL, THE COMMUNITY CAN FIND LOCAL PRODUCE AT THE MINNETRISTA FARMERS MARKET - ONE OF THE LARGEST SUCH MARKETS IN INDIANA CONTINUED ON SCHEDULE O AS A MEMBER OF THE HEALTHY COMMUNITY ALLIANCE, MINNETRISTA PARTNERS WITH INDIANA UNIVERSITY HEALTH - BALL MEMORIAL HOSPITAL TO PROVIDE SPECIAL NUTRITION CLASSES AND "MARKET BUCKS" FOR LOW INCOME, AT-RISK FAMILIES MINNETRISTA IS PLEASED TO HOST MANY IMPORTANT COMMUNITY MEETINGS AND EVENTS, INCLUDING BLACK HISTORY MONTH KICK-OFF CELEBRATION, MUNCIE COMMUNITY SCHOOLS' ANNUAL CELEBRATING EXCELLENCE STUDENT RECOGNITION EVENT AND DISPLAY, AND BOARD MEETINGS FOR THE MUNCIE ACTION PLAN AND MUNCIE ARTS AND CULTURE COUNCIL MINNETRISTA IS ALSO THE REGULAR MEETING SITE FOR A DOZEN REGIONAL HOBBY GROUPS AND SERVICE ORGANIZATIONS INCLUDING ROTARY, ALTRUSA, MUNCIE ARTISTS GUILD, FRUIT JAR COLLECTORS, AND MASTER GARDENERS THROUGH PARTNERSHIPS, MINNETRISTA WAS ABLE TO BRING EXCITING OPPORTUNITIES TO THE COMMUNITY INCLUDING ALL-IN COMMUNITY BLOCK PARTY WITH INDIANA HUMANITIES, FLAGS OF HONOR WITH THE EXCHANGE CLUB OF MUNCIE, AND SUMMER PERFORMANCES BY MUNCIE CIVIC THEATER AND MUNCIE SYMPHONY ORCHESTRA

See Additional Data

4d Other program services (Describe in Schedule O) (Expenses \$ 719,920 including grants of \$) (Revenue \$)

4e Total program service expenses 1,983,072

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> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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> 		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> 		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> 	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> 		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> 	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> 	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> 		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> 		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> 	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> 		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> 	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> 	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> 		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)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes sub-questions for various IRS forms and reporting requirements.

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	The governing body?	Yes	
8b	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	
11b	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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	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	The organization's CEO, Executive Director, or top management official	Yes	
15b	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	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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, 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 VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____ 25,335					
	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 _____ 3,918,235					
	g Noncash contributions included in lines 1a-1f \$ _____ 8,500					
	h Total. Add lines 1a-1f ▶		3,943,570			
Program Service Revenue	2a PROGRAMS _____ Business Code _____ 900099 82,908 82,908					
	b ADMISSIONS _____ 900099 50,358 50,358					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		133,266			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		71,663		71,663	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real 103,951				
		(ii) Personal				
		b Less rental expenses 142,357				
		c Rental income or (loss) -38,406				
	d Net rental income or (loss) ▶		-38,406	-38,406		
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,660,336				
		(ii) Other 433,902				
		b Less cost or other basis and sales expenses 1,478,708				
		c Gain or (loss) 181,628 193,636				
	d Net gain or (loss) ▶		375,264	375,264		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a _____					
		b Less direct expenses b _____				
		c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a _____					
b Less direct expenses b _____						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a _____ 316,413						
	b Less cost of goods sold b _____ 346,924					
	c Net income or (loss) from sales of inventory ▶		-30,511	-30,511		
Miscellaneous Revenue _____ Business Code _____						
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶		4,454,846	470,124	-30,511	71,663	

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	212,088	58,423	103,609	50,056
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	1,575,419	696,645	650,783	227,991
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	408,298	156,866	179,598	71,834
9	Other employee benefits				
10	Payroll taxes	133,975	58,557	54,569	20,849
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,500		3,500	
c	Accounting	22,795		22,795	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,233		20,233	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,568	153	3,415	
12	Advertising and promotion	160,936	144,842	16,094	
13	Office expenses	65,804	24,755	34,938	6,111
14	Information technology	161,256	161,256		
15	Royalties				
16	Occupancy	319,132	27,797	291,335	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,886	15,935	18,219	732
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	528,013	369,609	158,404	
23	Insurance	96,780	9,330	87,450	
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	181,348	31,881	149,467	
b	EXHIBIT COSTS	125,308	125,308		
c	PROGRAMS	54,812	48,584	6,228	
d	SPECIAL EVENTS	40,003	40,003		
e	All other expenses	40,687	13,128	23,737	3,822
25	Total functional expenses. Add lines 1 through 24e	4,188,841	1,983,072	1,824,374	381,395
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	220,276	1	395,697
	2 Savings and temporary cash investments	703,944	2	651,636
	3 Pledges and grants receivable, net	124,960	3	75,429
	4 Accounts receivable, net	16,712	4	8,481
	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	80,203	8	82,943
	9 Prepaid expenses and deferred charges	116,860	9	104,815
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,012,696		
	b Less accumulated depreciation	10b 13,956,209	7,185,931	10c 7,056,487
	11 Investments—publicly traded securities	3,896,062	11	4,487,233
	12 Investments—other securities See Part IV, line 11	340,170	12	
	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	5,649,408
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,566,292	16	18,512,129	
Liabilities	17 Accounts payable and accrued expenses	113,633	17	118,084
	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	113,633	26	118,084
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	15,073,149	27	14,674,827
	28 Temporarily restricted net assets	784,922	28	1,040,549
	29 Permanently restricted net assets	2,594,588	29	2,678,669
	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	18,452,659	33	18,394,045	
34 Total liabilities and net assets/fund balances	18,566,292	34	18,512,129	

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	4,454,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,188,841
3	Revenue less expenses Subtract line 2 from line 1	3	266,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,452,659
5	Net unrealized gains (losses) on investments	5	-324,619
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	18,394,045

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 - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 719,920 including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 719,920 IN PROGRAM EXPENSES IS AS FOLLOWS 369,609
DEPRECIATION EXPENSE, 161,256 IT EXPENSE, 144,842 ADVERTISING, 44,213 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			
ELIZABETH A BREWER PRES/CEO/TRU	50 00	X		X				137,142	0	23,096
STEPHEN BEDI CHAIR	0 50	X		X				0	0	0
AL RENT VICE CHAIR	0 50	X		X				0	0	0
RICHARD CRIST VICE CHAIR	0 50	X		X				0	0	0
CARLA WHEELDON SECRETARY	0 50	X						0	0	0
JAMES P BORGMANN TRUSTEE	0 50	X						0	0	0
JENNIFER BOTT TRUSTEE	0 50	X						0	0	0
TOM BRACKEN TRUSTEE	0 50	X						0	0	0
LINDA BRANAM TRUSTEE	0 50	X						0	0	0
CAREY FISHER 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			
MICHAEL GORIN TRUSTEE	0 50	X						0	0	0
MIKE HALEY TRUSTEE	0 50	X						0	0	0
DAVE HEETER TRUSTEE	0 50	X						0	0	0
TIM HELLER TRUSTEE	0 50	X						0	0	0
CHARLES HETRICK TRUSTEE	0 50	X						0	0	0
CHIP JAGGERS TRUSTEE	0 50	X						0	0	0
BLAKE JANUTOLO TRUSTEE	0 50	X						0	0	0
JOHN LIGHTLE TRUSTEE	0 50	X						0	0	0
ANN LUDWIG TRUSTEE	0 50	X						0	0	0
NICCI LUNSFORD 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			
BETH SCHULTE TRUSTEE	0 50	X						0	0	0
STEVE SMITH TRUSTEE	0 50	X						0	0	0
ROB WEAVER TRUSTEE	0 50	X						0	0	0
KATHY WHITE TRUSTEE	0 50	X						0	0	0
KIM WILLIAMS TRUSTEE	0 50	X						0	0	0
PHILLIP L DUNN TREASURER, C	45 00			X				74,946	0	13,735

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.

2015

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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 13
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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**)
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - 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

- 1** 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

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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 FOUNDATION INC

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?		Amount of monetary support (see (v) instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ANDERSON (A) UNIVERSITY	350867954		Yes		0	0
BALL STATE (A) UNIVERSITY	356000221		Yes		0	0
(B) BLACKFORD COUNTY COMMUNITY FOUNDATION INC	351772356		Yes		0	0
(C) COMMUNITY FOUNDATION OF GRANT COUNTY INC	311117791		Yes		0	0
(D) COMMUNITY FOUNDATION OF MUNCIE & DELAWARE COUNTY INC	351640051		Yes		0	0
HENRY COUNTY COMMUNITY (E) FOUNDATION INC	311170412		Yes		0	0
MADISON COUNTY COMMUNITY (F) FOUNDATION INC	351859959		Yes		0	0
(G) MUNCIE CHILDREN'S MUSEUM INC	351404338		Yes		0	0
(H) MUNCIE COMMUNITY SCHOOL CORPORATION	356002674		Yes		0	0
(I) MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE INC	350534380		Yes		0	0
THE PORTLAND (J) FOUNDATION INC	356028362		Yes		0	0
(K) COMMUNITY FOUNDATION OF RANDOLPH COUNTY INC	351903148		Yes		0	0
(L) TAYLOR UNIVERSITY	350868181		Yes		0	0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015
Open to Public Inspection

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

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" on Form 990, Part IV, line 6.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____ 5,649,408

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	3,949,902	3,772,761	3,149,779	1,956,832	1,882,060
b Contributions	84,081	79,654	263,755	768,988	128,327
c Net investment earnings, gains, and losses	-78,298	238,840	422,718	476,571	-10,523
d Grants or scholarships					
e Other expenditures for facilities and programs	97,339	141,353	63,491	52,612	43,032
f Administrative expenses					
g End of year balance	3,858,346	3,949,902	3,772,761	3,149,779	1,956,832

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 29 000 %
 - b** Permanent endowment ▶ 69 000 %
 - c** Temporarily restricted endowment ▶ 2 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 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		14,893,839	9,243,235	5,650,604
c Leasehold improvements		1,097,194	574,979	522,215
d Equipment		4,568,989	4,137,995	430,994
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,056,487

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,673,651
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-324,619
b	Donated services and use of facilities	2b	54,143
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-270,476
3	Subtract line 2e from line 1	3	4,944,127
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	-489,281
c	Add lines 4a and 4b	4c	-489,281
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,454,846

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,732,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	54,143
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	489,281
e	Add lines 2a through 2d	2e	543,424
3	Subtract line 2e from line 1	3	4,188,841
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	4,188,841

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 HERITAGE 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.

Part XIII Supplemental Information (continued)

Return Reference	Explanation
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 2012, 2013, AND 2014 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 -489,281
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS 489,281

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MINNETRISTA CULTURAL FOUNDATIONINC

Employer identification number
35-1628916

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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.</p>	7	Yes								
<p>8 Were any amounts reported on 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH A BREWER PRES/CEO/TRUSTEE	(i)	137,142 -----	-----	-----	23,096 -----	-----	160,238 -----	-----
	(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 2015 TOTALED 3,500.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

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	2	8,500	APPRAISED VALUE
2 Art—Historical treasures	X	19		
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	22		
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 2, PART II	GENERAL DESCRIPTIONS OF CONTRIBUTIONS BY PART I LINE NUMBER 1) WORKS OF ART OIL PAINTINGS, HAND-PAINTED CHINA VASE, 2) HISTORICAL TREASURES ARCHIVAL MATERIALS INCLUDING PHOTOGRAPHS, CORRESPONDENCE, SCRAPBOOKS, AND DOCUMENTATION RELATING TO THE BALL FAMILY AND BUSINESS AND OTHER 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, LINENS, INDIANA COVERLET, CHAIRS AND OTHER ARTIFACTS RELATING TO THE BALL FAMILY AND BUSINESS AND OTHER FAMILIES, ORGANIZATIONS AND BUSINESSES IN EAST CENTRAL INDIANA

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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) 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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>- SHOWCASING THE DIVERSE AND UNIQUE EVERYDAY COLLECTIONS OF LOCAL RESIDENTS, FROM PEZ DISPENSERS TO FABERG EGGS VISIBLE STORAGE EXHIBITS IN THE HERITAGE COLLECTION GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION IN 2015, IN CELEBRATION OF ITS SESQUICENTENNIAL, ARTIFACTS THAT TELL THE STORY OF THE BUSINESSES, INDUSTRY, PEOPLE, PLACES AND ORGANIZATIONS OF MUNCIE WERE FEATURED 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 2015 ENHANCE THE EXISTING BALL BUSINESS COLLECTION INCLUDING FRUIT JARS, PACKER JARS, A VIDEO SIGNAL MULTIPLEXER AND ARCHIVAL MATERIALS OTHER BALL MATERIALS INCLUDE ARCHIVAL MATERIALS DOCUMENTING BALL STORES (A GROUP OF DEPARTMENT STORES ACTIVE IN MUNCIE FROM THE 1903S TO 1990) OTHER COLLECTIONS INCLUDE MATERIALS THAT DOCUMENT ORGANIZATIONS (YMCA AND CAMP CROSLY, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, YWCA, CONVERSATION CLUB, SIGMA PHI GAMMA SORORITY AND PI OMICRON SORORITY), PEOPLE AND FAMILIES, SCHOOLS (BURRIS, EMERSON ELEMENTARY SCHOOL, EATON HIGH SCHOOL, MUNCIE HIGH SCHOOL, ROYERTON HIGH SCHOOL), AND ARTWORK, INCLUDING A PAINTING BY J OTTIS ADAMS (A MEMBER OF THE HOOSIER GROUP OF INDIANA LANDSCAPE PAINTERS OF THE LATE 19TH/EARLY 20TH CENTURIES) THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS ALSO A DESTINATION FOR RESEARCHERS IN 2015, THERE WERE MORE THAN 150 RESEARCH REQUESTS AND 90 REQUESTS FOR INFORMATION ABOUT CANNING JARS BY THE END OF THE YEAR, THERE WERE MORE THAN 15,000 ARTIFACTS AND PHOTOGRAPHS FROM THE MINNETRISTA HERITAGE COLLECTION ON-LINE. THE ON-LINE COLLECTION RECEIVED MORE THAN 25,000 VIEWS</p>

Return Reference**Explanation**

FORM 990, PAGE 2, PART III,
LINE 4B

THE OUTREACH PROGRAM PERFORMED MORE THAN 65 TIMES, SERVING MORE THAN 4,600 AUDIENCE MEMBERS THROUGHOUT EAST CENTRAL INDIANA

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	AS A MEMBER OF THE HEALTHY COMMUNITY ALLIANCE, MINNETRISTA PARTNERS WITH INDIANA UNIVERSITY HEALTH - BALL MEMORIAL HOSPITAL TO PROVIDE SPECIAL NUTRITION CLASSES AND "MARKET BUCKS" FOR LOW INCOME, AT-RISK FAMILIES MINNETRISTA IS PLEASED TO HOST MANY IMPORTANT COMMUNITY MEETINGS AND EVENTS, INCLUDING BLACK HISTORY MONTH KICK-OFF CELEBRATION, MUNCIE COMMUNITY SCHOOLS' ANNUAL CELEBRATING EXCELLENCE STUDENT RECOGNITION EVENT AND DISPLAY, AND BOARD MEETINGS FOR THE MUNCIE ACTION PLAN AND MUNCIE ARTS AND CULTURE COUNCIL MINNETRISTA IS ALSO THE REGULAR MEETING SITE FOR A DOZEN REGIONAL HOBBY GROUPS AND SERVICE ORGANIZATIONS INCLUDING ROTARY, ALTRUSA, MUNCIE ARTISTS GUILD, FRUIT JAR COLLECTORS, AND MASTER GARDENERS THROUGH PARTNERSHIPS, MINNETRISTA WAS ABLE TO BRING EXCITING OPPORTUNITIES TO THE COMMUNITY INCLUDING ALL-IN COMMUNITY BLOCK PARTY WITH INDIANA HUMANITIES, FLAGS OF HONOR WITH THE EXCHANGE CLUB OF MUNCIE, AND SUMMER PERFORMANCES BY MUNCIE CIVIC THEATER AND MUNCIE SYMPHONY ORCHESTRA

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 719,920 IN PROGRAM EXPENSES IS AS FOLLOWS 369,609 DEPRECIATION EXPENSE, 161,256 IT EXPENSE, 144,842 ADVERTISING, 44,213 ADMINISTRATIVE EXPENSE

Return Reference**Explanation**FORM 990, PAGE 6, PART VI, LINE
2TOM 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 FROM 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. THE FORMS 990 AND 990-T WERE EMAILED TO THREE COMMITTEES - FINANCE & INVESTMENT, TRUSTEESHIP, AND EXECUTIVE WHICH HAD OVERARCHING REVIEW OF THE ENTIRE FORMS 990 AND 990-T. AFTER COMMITTEE REVIEW, THE ENTIRE DOCUMENT WAS MADE AVAILABLE 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 SALARY RANGES ARE BENCHMARKED AGAINST A NEW BIENNIAL WAGE AND SALARY SURVEY PUBLISHED BY THE AMERICAN ALLIANCE OF MUSEUMS THIS PUBLICATION CATEGORIZES BENCHMARKS BY GEOGRAPHIC REGION, MUSEUM TYPE (ART, HISTORY, SCIENCE, ETC), AND BUDGET SIZE OF THE INSTITUTIONS 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 489,281 RETAIL SHOP AND RENTAL EXPENSES RECLASSIFIED TO COGS -489,281