

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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

G Gross receipts \$ 14,459,137

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? Yes No
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

K Form of organization Corporation Trust Association Other

L Year of formation 1987

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MINNETRISTA IS THE HOME OF THE BALL JAR, A GATHERING PLACE AND CATALYST FOR COMMUNITY ENGAGEMENT WE CREATE SHARED EXPERIENCES THAT CONNECT PEOPLE, LEADING TO A BETTER QUALITY OF LIFE

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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	92
6 Total number of volunteers (estimate if necessary)	157
7a Total unrelated business revenue from Part VIII, column (C), line 12	-39,043
7b Net unrelated business taxable income from Form 990-T, line 34	-39,043

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,046,085	4,041,949
9 Program service revenue (Part VIII, line 2g)	140,554	106,440
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,091	532,940
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-70,669	-74,801
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,253,061	4,606,528
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,401,157	2,460,104
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 387,825		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,140,187	2,027,743
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,541,344	4,487,847
19 Revenue less expenses Subtract line 18 from line 12	-288,283	118,681

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,381,623	18,541,078
21 Total liabilities (Part X, line 26)	150,417	153,293
22 Net assets or fund balances Subtract line 21 from line 20	18,231,206	18,387,785

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2018-11-07
ELIZABETH A BREWER PRES/CEO/TRUSTEE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PATRICK W BURKEY
Preparer's signature: PATRICK W BURKEY
Date: 2018-11-07
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

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 THE HOME OF THE BALL JAR, A GATHERING PLACE AND CATALYST FOR COMMUNITY ENGAGEMENT WE CREATE SHARED EXPERIENCES THAT CONNECT PEOPLE, LEADING TO A BETTER QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 511,351 including grants of \$) (Revenue \$ 34,431)
See Additional Data

4b (Code) (Expenses \$ 592,421 including grants of \$) (Revenue \$ 72,009)
See Additional Data

4c (Code) (Expenses \$ 223,709 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 777,657 including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 777,657 IN PROGRAM EXPENSES IS AS FOLLOWS 382,794 DEPRECIATION EXPENSE, 176,516 IT EXPENSE, 120,295 ADVERTISING, 98,052 ADMINISTRATIVE EXPENSE

4d Other program services (Describe in Schedule O)
(Expenses \$ 777,657 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,105,138

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)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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

Table with 3 columns: Question, Yes, No. Rows include: 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, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: PHILLIP DUNN 1200 N MINNETRISTA PARKWAY MUNCIE, IN 47303 (765) 282-4848

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH A BREWER PRES/CEO/TRU	50 00	X		X				146,214	0	20,637
(2) RICHARD CRIST CHAIR	0 50	X		X				0	0	0
(3) STEVE SMITH VICE CHAIR	0 50	X		X				0	0	0
(4) KATHY WHITE VICE CHAIR	0 50	X		X				0	0	0
(5) CARLA WHEELDON TRUSTEE	0 50	X						0	0	0
(6) TOM BRACKEN TRUSTEE	0 50	X						0	0	0
(7) LINDA BRANAM TRUSTEE	0 50	X						0	0	0
(8) CAREY FISHER TRUSTEE	0 50	X						0	0	0
(9) DAVE HEETER TRUSTEE	0 50	X						0	0	0
(10) CHIP JAGGERS SECRETARY	0 50	X						0	0	0
(11) BLAKE JANUTOLO TRUSTEE	0 50	X						0	0	0
(12) JOHN LIGHTLE TRUSTEE	0 50	X						0	0	0
(13) ANN LUDWIG TRUSTEE	0 50	X						0	0	0
(14) NICCI LUNSFORD TRUSTEE	0 50	X						0	0	0
(15) ALISON TOKAR TRUSTEE	0 50	X						0	0	0
(16) VICKIE TAGUE TRUSTEE	0 50	X						0	0	0
(17) STEVE MOORE TRUSTEE	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD MCKNIGHT TRUSTEE	0 50	X						0	0	
(19) STEVE BAULE TRUSTEE	0 50	X						0	0	
(20) MICHAEL HAMMOND TRUSTEE	0 50	X						0	0	
(21) BRAD LATOUR TRUSTEE	0 50	X						0	0	
(22) MATT RUST TRUSTEE	0 50	X						0	0	
(23) PHILLIP DUNN CFO/TREASURE	45 00			X				75,203	0	16,865
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								221,417		37,502

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EKEEPER SYSTEMS INCORPORATED, PO BOX 3294 MUNCIE, IN 473073294	IT CONSULTING	196,301
COOPER CONSULTING, 2400 W COUNTY ROAD 500 S MUNCIE, IN 47302	HVAC	156,694

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

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	26,155			
	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	4,015,794			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		4,041,949			
Program Service Revenue		Business Code				
	2a PROGRAMS	900099	72,009	72,009		
	b ADMISSIONS	900099	34,431	34,431		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		106,440				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		90,263		90,263	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
			112,589			
		b Less rental expenses		148,347		
		c Rental income or (loss)		-35,758		
	d Net rental income or (loss)			-35,758		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
			9,779,901			
		b Less cost or other basis and sales expenses		9,337,224		
		c Gain or (loss)		442,677		
	d Net gain or (loss)			442,677		
	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					
		327,995				
	b Less cost of goods sold	b	367,038			
c Net income or (loss) from sales of inventory			-39,043			
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		4,606,528	106,440	-39,043	497,182	

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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	221,417	72,497	114,984	33,936
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.	1,714,131	758,596	704,246	251,289
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	381,552	152,549	159,049	69,954
9 Other employee benefits.				
10 Payroll taxes.	143,004	63,284	58,879	20,841
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,000		3,000	
c Accounting.	32,791		32,791	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	21,602		21,602	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,962	1,800	4,162	
12 Advertising and promotion.	133,661	120,295	13,366	
13 Office expenses.	63,944	23,378	34,709	5,857
14 Information technology.	226,588	226,588		
15 Royalties.				
16 Occupancy.	307,106	26,748	280,358	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	31,288	16,026	13,638	1,624
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	546,849	382,794	164,055	
23 Insurance.	102,906	9,920	92,986	
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	305,807	40,776	265,031	
b EXHIBIT COSTS	97,321	97,321		
c SPECIAL EVENTS	39,828	39,828		
d PROGRAMS	27,233	27,233		
e All other expenses	81,857	45,505	32,028	4,324
25 Total functional expenses. Add lines 1 through 24e.	4,487,847	2,105,138	1,994,884	387,825
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	337,287	1	267,624
	2 Savings and temporary cash investments	781,874	2	729,395
	3 Pledges and grants receivable, net	16,000	3	13,750
	4 Accounts receivable, net	7,635	4	11,642
	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	76,924	8	70,366
	9 Prepaid expenses and deferred charges	20,341	9	93,426
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	20,707,944		
	b Less accumulated depreciation	14,258,378		
	11 Investments—publicly traded securities	6,748,468	10c	6,449,566
	12 Investments—other securities See Part IV, line 11	4,743,686	11	5,255,901
	13 Investments—program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	5,649,408	14	5,649,408
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,381,623	15	18,541,078	
17 Accounts payable and accrued expenses	150,417	16	18,541,078	
18 Grants payable		17	153,293	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	150,417	25	153,293	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	14,332,694	26	153,293	
28 Temporarily restricted net assets	1,136,621	27	14,356,112	
29 Permanently restricted net assets	2,761,891	28	1,191,604	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		29	2,840,069	
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	18,231,206	33	18,387,785	
34 Total liabilities and net assets/fund balances	18,381,623	34	18,541,078	

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	4,606,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,487,847
3	Revenue less expenses Subtract line 2 from line 1	3	118,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,231,206
5	Net unrealized gains (losses) on investments	5	37,898
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	18,387,785

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 35-1628916

Name: MINNETRISTA CULTURAL FOUNDATIONINC

Form 990 (2017)

Form 990, Part III, Line 4a:

EXHIBITS AND COLLECTIONS MINNETRISTA'S 40-ACRE CAMPUS ENCOMPASSES THE ORIGINAL ESTATES OF THE FIVE BALL BROTHERS WHO, IN THE 1880S, RELOCATED THEIR GLASS MANUFACTURING COMPANY TO MUNCIE, INDIANA FROM HERE, THE BALL CANNING JAR GAINED NATIONAL PROMINENCE IN THE FOOD PRESERVATION INDUSTRY MINNETRISTA IS PROUD TO CARRY ON THE LEGACY OF THE BALL FAMILY IN THE ARENAS OF ARTS AND CULTURE, WELLNESS, NATURE, AND GROWING AND PRESERVING OUR COMMUNITY UTILIZING OUR RICH RESOURCES AND UNIQUE SITE, WE CREATE AUDIENCE-CENTERED EXPERIENCES THAT CANNOT BE FOUND ELSEWHERE IN EAST CENTRAL INDIANA CONTINUED ON SCHEDULE O IN 2017, MINNETRISTA HOSTED SEVEN TEMPORARY EXHIBITIONS IN THREE GALLERY SPACES, IN ADDITION TO NUMEROUS EXHIBITS IN SPACES ACROSS THE FORTY-ACRE CAMPUS SOME OF THE EXHIBITS THAT EXCITED VISITORS IN 2017 INCLUDED MAZES AND BRAIN GAMES, IMAGINATION PLAYGROUND, AND 1948 COMMUNITIES CAN - A COLLABORATION BETWEEN MINNETRISTA AND THE INDIANA HISTORICAL SOCIETY THESE EXHIBITS PROMOTED IMAGINATIVE AND CREATIVE PLAY AND PROVIDED FAMILIES OPPORTUNITIES TO DISCOVER AND EXPERIENCE NEW THINGS TOGETHER MINNETRISTA ALSO PRODUCES TWO ANNUAL JURIED ART SHOWS FOR ADULT AVOCATIONAL AND PROFESSIONAL ARTISTS FROM INDIANA, ONE OF WHICH IS IN COLLABORATION WITH A LOCAL LAND CONSERVANCY IN 2017, WE PRESENTED A SMALL SHOW THAT CELEBRATED THE 100TH ANNIVERSARY OF THE LIONS CLUB AND THEIR WORK IN EAST CENTRAL INDIANA VISIBLE STORAGE EXHIBITS IN THE HERITAGE COLLECTION GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION IN 2017 COLLECTION PIECES, INCLUDING TOYS, GAMES, FRUIT JARS, DECORATIVE ARTS, MECHANICAL BANKS AND MORE WERE ROTATED THROUGHOUT THE YEAR 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 MATERIAL AND BALL CORPORATION BUSINESS RECORDS SEVERAL ACQUISITIONS RECEIVED IN 2017 ENHANCE THE EXISTING BALL BUSINESS COLLECTION AND INCLUDED FRUIT JARS, PACKER JARS, JACKETS, T-SHIRTS, AND CAPS, AND ARCHIVAL MATERIAL OTHER BALL MATERIALS INCLUDE FAMILY JEWELRY, ROBERT MORRIS'S PRESENTATION SWORD, AND PHOTOGRAPHS AND ARCHIVAL MATERIALS FROM THE BALL, PETTY, AND MORRIS FAMILIES OTHER COLLECTIONS INCLUDE MATERIALS THAT DOCUMENT ORGANIZATIONS (YOU AND YEAR 2000, YMCA, CAMP CROSLY, MARGARET BALL PETTY FOUNDATION, AND COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY), PEOPLE AND FAMILIES, BUSINESSES AND INDUSTRY (ALADDIN INDUSTRIES, INDIANA STEEL AND WIRE, RIGGIN'S DAIRY, AND MAXON CORPORATION), SCHOOLS (YORKTOWN HIGH SCHOOL, HOME HOSPITAL TRAINING SCHOOL, AND BALL STATE UNIVERSITY), AND ARTWORK BY HOOSIER ARTISTS NED GRINER, CAROL STROCK-WASSON, JIM FAULKNER, DAVID DALE, OSCAR PICKETT, AND MARGARET BALL PETTY, AMONG OTHERS THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS A DESTINATION FOR RESEARCHERS IN 2017, THERE WERE MORE THAN 165 RESEARCH REQUESTS AND 60 REQUESTS FOR INFORMATION ABOUT CANNING JARS BY THE END OF THE YEAR, THERE WERE MORE THAN 7,000 ARTIFACTS, 18,000 PHOTOGRAPHS, AND 2,300 ARCHIVAL RECORDS FROM THE MINNETRISTA HERITAGE COLLECTION ON-LINE THE ON-LINE COLLECTION RECEIVED MORE THAN 25,000 VIEWS

Form 990, Part III, Line 4b:

PUBLIC PROGRAMING 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 2017 MORE THAN 107,000 VISITORS GATHERED FOR A ROBUST CALENDAR OF EDUCATIONAL AND ENTERTAINING PROGRAMS AND EVENTS CHILDREN EXPERIENCED MINNETRISTA THROUGH CURRICULUM- BASED SCHOOL TOURS, SUMMER CAMPS, AND WORKSHOPS FAMILIES ATTENDED THEMED INTERGENERATIONAL PROGRAMS, PARTICIPATED IN WORKSHOPS, EVENTS, AND IMMERSIVE EXHIBIT EXPERIENCES PROGRAMS INCLUDED FAMILY ADVENTURE DAYS AND FAMILY-ORIENTED WORKSHOPS IN GLASS-MAKING AND CANNING TEA AND TALK AND AFTER HOURS PROVIDED OPPORTUNITIES FOR ADULTS TO SOCIALIZE AND LEARN AT MINNETRISTA

Form 990, Part III, Line 4c:

COMMUNITY ENGAGEMENT MINNETRISTA IMPROVES THE QUALITY OF LIFE FOR EAST CENTRAL INDIANA BY OFFERING A PICTURESQUE LOCATION IN THE HEART OF MUNCIE, FILLED YEAR-ROUND WITH COMMUNITY-BASED ACTIVITIES 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 DISTINCTIVE 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 CONTINUED ON SCHEDULE O 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 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 FEBRUARY'S 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 NATURE PLAY MOVIE SCREENING WITH BY5 (AN EARLY CHILDHOOD DEVELOPMENT ORGANIZATION), PENGUIN EXPERIENCE WITH AUDUBON SOCIETY, FLAGS OF HONOR WITH THE EXCHANGE CLUB OF MUNCIE, AND SUMMER PERFORMANCES BY MUNCIE CIVIC THEATER AND MUNCIE SYMPHONY ORCHESTRA

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MINNETRISTA CULTURAL FOUNDATION INC

Employer identification number
35-1628916

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 13

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	13					0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
		1	Yes
		2	No

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		1	
		2	
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		2a	
		2b	
		3a	
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

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 10 X 0 0 MUNCIE COMMUNITY SCHOOL CORPORATION 35-6002674 2 X 0 0 MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE, INC 35-0534380 7 X 0 0 THE PORTLAND FOUNDATION, INC 35-6028362 8 X 0 0 COMMUNITY FOUNDATION OF RANDOLPH COUNTY, INC 35-1903148 7 X 0 0 TAYLOR UNIVERSITY 35-0868181 2 X 0 0

Additional Data**Software ID:****Software Version:****EIN:** 35-1628916**Name:** MINNETRISTA CULTURAL FOUNDATIONINC**Form 990, Sch A, Part I, Line 12g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ANDERSON UNIVERSITY	350867954	2	Yes		0	0
(A) BALL STATE UNIVERSITY	356000221	2	Yes		0	0
(B) BLACKFORD COUNTY COMMUNITY FOUNDATION INC	351772356	7	Yes		0	0
(C) COMMUNITY FOUNDATION OF GRANT COUNTY INC	311117791	8	Yes		0	0
(D) COMMUNITY FOUNDATION OF MUNCIE & DELAWARE COUNTY INC	351640051	7	Yes		0	0
(E) HENRY COUNTY COMMUNITY FOUNDATION INC	311170412	7	Yes		0	0
(F) MADISON COUNTY COMMUNITY FOUNDATION INC	351859959	7	Yes		0	0
(G) MUNCIE CHILDREN'S MUSEUM INC	351404338	10	Yes		0	0
(H) MUNCIE COMMUNITY SCHOOL CORPORATION	356002674	2	Yes		0	0
(I) MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE INC	350534380	7	Yes		0	0
(J) THE PORTLAND FOUNDATION INC	356028362	8	Yes		0	0
(K) COMMUNITY FOUNDATION OF RANDOLPH COUNTY INC	351903148	7	Yes		0	0
(L) TAYLOR UNIVERSITY	350868181	2	Yes		0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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.

OMB No 1545-0047
2017
Open to Public Inspection

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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	4,033,188	3,858,346	3,949,902	3,772,761	3,149,779
b Contributions	78,178	83,222	84,081	79,654	263,755
c Net investment earnings, gains, and losses	491,616	211,488	-78,298	238,840	422,718
d Grants or scholarships					
e Other expenditures for facilities and programs	118,064	119,868	97,339	141,353	63,491
f Administrative expenses					
g End of year balance	4,484,918	4,033,188	3,858,346	3,949,902	3,772,761

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 35 000 %
 - b** Permanent endowment ▶ 63 000 %
 - 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 | Yes | |
| (ii) related organizations | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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" on 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		15,123,453	10,031,753	5,091,700
c Leasehold improvements		1,092,270	635,644	456,626
d Equipment		4,039,547	3,590,981	448,566
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,449,566

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

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

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) HISTORICAL PROPERTY AND EQUIPMENT	3,102,358
(2) COLLECTIONS FOR MUSEUM	2,547,050
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶ 5,649,408

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,191,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	37,898	
b	Donated services and use of facilities	2b	35,788	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 73,686
3	Subtract line 2e from line 1			3 5,118,192
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	-511,664	
c	Add lines 4a and 4b			4c -511,664
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 4,606,528

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	5,035,299
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	35,788	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	511,664	
e	Add lines 2a through 2d			2e 547,452
3	Subtract line 2e from line 1			3 4,487,847
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 4,487,847

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1628916

Name: MINNETRISTA CULTURAL FOUNDATIONINC

Supplemental 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.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	<p>BOARD DESIGNATED AND PERMANENT ENDOWMENTS THE MINNETRISTA ENDOWMENT FUND WAS BEGUN WITH B</p> <p>BOARD-DESIGNATED FUNDS WITH THE INTENTION FOR THESE FUNDS TO BE TREATED AS PERMANENTLY RESTRICTED NEW DONATIONS TO THE MINNETRISTA ENDOWMENT FUND ARE RESTRICTED IN PRINCIPAL WITH A PERCENTAGE OF GENERATED REVENUE UTILIZED FOR UNRESTRICTED OPERATING PURPOSES REVENUES ARE DRAWN FROM INVESTED ENDOWMENT FUNDS IN ACCORDANCE TO A WRITTEN SPENDING POLICY MAINTAINED BY THE FINANCE AND INVESTMENT COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES MINNETRISTA ALSO HAS ADDITIONAL NAMED FUNDS THAT WERE PERMANENTLY RESTRICTED BY THE DONORS REVENUE GENERATED BY THESE FUNDS IS UTILIZED FOR THE DONOR-DESIGNATED PURPOSE DONATIONS TO THE MUNCIE-DELAWARE COUNTY COMMUNITY FOUNDATION, ON BEHALF OF MINNETRISTA, ARE GOVERNED BY THE SPENDING POLICIES OF THE COMMUNITY FOUNDATION THEY ARE HELD IN A RESTRICTED FUND WITH THE SPENDABLE PROCEEDS RELEASED TO MINNETRISTA FOR UNRESTRICTED OPERATING EXPENSES TEMPORARILY RESTRICTED ENDOWMENT MINNETRISTA RECEIVES TEMPORARILY RESTRICTED FUNDS FROM TIME-TO-TIME THROUGH GRANTS AND PRIVATE DONATIONS THESE FUNDS ARE INVESTED AND HELD FOR THE INTENDED PURPOSE UNTIL THEY ARE RELEASED FROM RESTRICTIONS</p>

Supplemental Information

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 2014, 2015, AND 2016 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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	RETAIL SHOP & RENTAL OPERATING EXPENSES RECLASSSED TO COGS -511,664

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RETAIL SHOP & RENTAL OPERATING EXPENSES RECLASSIFIED TO COGS 511,664

Schedule J (Form 990)

Compensation Information

OMB No 1545-0047

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.**

2017

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 Questions Regarding Compensation

		Yes	No
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.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
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?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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:		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

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 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	6		
2 Art—Historical treasures	X	27		
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	24		
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 nonstandard 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	<p>THE TOTALS IN COLUMN B INDICATE THE NUMBER OF CONTRIBUTIONS IN EACH CATEGORY GENERAL DESCRIPTIONS OF CONTRIBUTIONS BY PART I LINE NUMBER 1) WORKS OF ART OIL AND WATERCOLOR PAINTINGS, MIXED-MEDIA ARTWORK, 2) HISTORICAL TREASURES ARCHIVAL MATERIALS INCLUDING PHOTOGRAPHS, SCRAPBOOKS, PUBLICATIONS, AND DOCUMENTATION RELATING TO THE BALL FAMILY AND BUSINESS AND OTHER FAMILIES, ORGANIZATIONS, AND BUSINESSES IN EAST CENTRAL INDIANA, 22) HISTORICAL ARTIFACTS ASSORTED BALL CANNING JARS AND OTHER BALL PRODUCTS, BALL LOGO WEAR, OTHER ARTIFACTS RELATING TO THE BALL FAMILY AND BUSINESS AND OTHER FAMILIES, ORGANIZATIONS, AND BUSINESSES IN EAST CENTRAL INDIANA GIFTS IN-KIND CONTRIBUTIONS INCLUDE ADVERTISING OF 25,018, CONSULTING OF 9,285, SOFTWARE DONATION OF 394 AND MISCELLANEOUS REPAIRS OF 1,091</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MINNETRISTA CULTURAL FOUNDATIONINC

Employer identification number

35-1628916

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>IN 2017, MINNETRISTA HOSTED SEVEN TEMPORARY EXHIBITIONS IN THREE GALLERY SPACES, IN ADDITION TO NUMEROUS EXHIBITS IN SPACES ACROSS THE FORTY-ACRE CAMPUS SOME OF THE EXHIBITS THAT EXCITED VISITORS IN 2017 INCLUDED MAZES AND BRAIN GAMES, IMAGINATION PLAYGROUND, AND 1948 COMMUNITIES CAN - A COLLABORATION BETWEEN MINNETRISTA AND THE INDIANA HISTORICAL SOCIETY THESE EXHIBITS PROMOTED IMAGINATIVE AND CREATIVE PLAY AND PROVIDED FAMILIES OPPORTUNITIES TO DISCOVER AND EXPERIENCE NEW THINGS TOGETHER MINNETRISTA ALSO PRODUCES TWO ANNUAL JURIED ART SHOWS FOR ADULT AVOCATIONAL AND PROFESSIONAL ARTISTS FROM INDIANA, ONE OF WHICH IS IN COLLABORATION WITH A LOCAL LAND CONSERVANCY IN 2017, WE PRESENTED A SMALL SHOW THAT CELEBRATED THE 100TH ANNIVERSARY OF THE LIONS CLUB AND THEIR WORK IN EAST CENTRAL INDIANA VISIBLE STORAGE EXHIBITS IN THE HERITAGE COLLECTION GALLERY FEATURE ARTIFACTS FROM THE MINNETRISTA HERITAGE COLLECTION IN 2017 COLLECTION PIECES, INCLUDING TOYS, GAMES, FRUIT JARS, DECORATIVE ARTS, MECHANICAL BANKS AND MORE WERE ROTATED THROUGHOUT THE YEAR 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 MATERIAL AND BALL CORPORATION BUSINESS RECORDS SEVERAL ACQUISITIONS RECEIVED IN 2017 ENHANCE THE EXISTING BALL BUSINESS COLLECTION AND INCLUDED FRUIT JARS, PACKER JARS, JACKETS, T-SHIRTS, AND CAPS, AND ARCHIVAL MATERIAL OTHER BALL MATERIALS INCLUDE FAMILY JEWELRY, ROBERT MORRIS'S PRESENTATION SWORD, AND PHOTOGRAPHS AND ARCHIVAL MATERIALS FROM THE BALL, PETTY, AND MORRIS FAMILIES OTHER COLLECTIONS INCLUDE MATERIALS THAT DOCUMENT ORGANIZATIONS (YOU AND YEAR 2000, YMCA, CAMP CROSLY, MARGARET BALL PETTY FOUNDATION, AND COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY), PEOPLE AND FAMILIES, BUSINESSES AND INDUSTRY (ALADDIN INDUSTRIES, INDIANA STEEL AND WIRE, RIGGIN'S DAIRY, AND MAXON CORPORATION), SCHOOLS (YORKTOWN HIGH SCHOOL, HOME HOSPITAL TRAINING SCHOOL, AND BALL STATE UNIVERSITY), AND ARTWORK BY HOOSIER ARTISTS NED GRINER, CAROL STROCK-WASSON, JIM FAULKNER, DAVID DALE, OSCAR PICKETT, AND MARGARET BALL PETTY, AMONG OTHERS THE MINNETRISTA HERITAGE COLLECTION, BOTH ON-SITE AND ON-LINE, IS A DESTINATION FOR RESEARCHERS IN 2017, THERE WERE MORE THAN 165 RESEARCH REQUESTS AND 60 REQUESTS FOR INFORMATION ABOUT CANNING JARS BY THE END OF THE YEAR, THERE WERE MORE THAN 7,000 ARTIFACTS, 18,000 PHOTOGRAPHS, AND 2,300 ARCHIVAL RECORDS FROM THE MINNETRISTA HERITAGE COLLECTION ON-LINE THE ON-LINE COLLECTION RECEIVED MORE THAN 25,000 VIEWS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	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 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 FEBRUARY'S 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 NATURE PLAY MOVIE SCREENING WITH BY5 (AN EARLY CHILDHOOD DEVELOPMENT ORGANIZATION), PENGUIN EXPERIENCE WITH AUDUBON SOCIETY, FLAGS OF HONOR WITH THE EXCHANGE CLUB OF MUNCIE, AND SUMMER PERFORMANCES BY MUNCIE CIVIC THEATER AND MUNCIE SYMPHONY ORCHESTRA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES THE BREAKDOWN OF THE REMAINING 777,657 IN PROGRAM EXPENSES IS AS FOLLOWS 382,794 DEPRECIATION EXPENSE, 176,516 IT EXPENSE, 120,295 ADVERTISING, 98,052 ADMINISTRATIVE EXPENSE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 (FES) 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RETAIL SHOP & RENTAL OPERATING EXPENSES RECLASSIFIED TO COGS 511,664 RETAIL SHOP & RENTAL OPERATING EXPENSES RECLASSIFIED TO COGS -511,664