

**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

**2015**  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>FRANCONIA SCULPTURE PARK</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>29836 ST. CROIX TRAIL</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>SHAFER MN 55074</b></p>	<b>D</b> Employer identification number <p align="center"><b>41-1843609</b></p> <b>E</b> Telephone number <p align="center"><b>651-257-6668</b></p> <b>G</b> Gross receipts \$ <b>1,517,210</b>
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<b>F</b> Name and address of principal officer: <p><b>AMY MCKINNEY</b> <b>29836 ST. CROIX TRAIL</b> <b>FRANCONIA MN 55074</b></p>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.FRANCONIA.ORG</b>
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1996</b>	<b>M</b> State of legal domicile: <b>MN</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p align="center"><b>SEE SCHEDULE O</b></p>																											
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>3</b></td><td style="text-align: right;"><b>9</b></td></tr> <tr><td><b>4</b></td><td style="text-align: right;"><b>9</b></td></tr> <tr><td><b>5</b></td><td style="text-align: right;"><b>6</b></td></tr> <tr><td><b>6</b></td><td style="text-align: right;"><b>46</b></td></tr> <tr><td><b>7a</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7b</b></td><td style="text-align: right;"><b>0</b></td></tr> </table>	<b>3</b>	<b>9</b>	<b>4</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>46</b>	<b>7a</b>	<b>0</b>	<b>7b</b>	<b>0</b>														
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<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Prior Year</th><th colspan="2">Current Year</th></tr> <tr><td style="width:10%;"></td><td style="text-align: right;"><b>574,719</b></td><td style="width:10%;"></td><td style="text-align: right;"><b>1,419,630</b></td></tr> <tr><td></td><td style="text-align: right;"><b>47,040</b></td><td></td><td style="text-align: right;"><b>77,775</b></td></tr> <tr><td></td><td style="text-align: right;"><b>308</b></td><td></td><td style="text-align: right;"><b>423</b></td></tr> <tr><td></td><td style="text-align: right;"><b>24,514</b></td><td></td><td style="text-align: right;"><b>17,847</b></td></tr> <tr><td></td><td style="text-align: right;"><b>646,581</b></td><td></td><td style="text-align: right;"><b>1,515,675</b></td></tr> </table>	Prior Year		Current Year			<b>574,719</b>		<b>1,419,630</b>		<b>47,040</b>		<b>77,775</b>		<b>308</b>		<b>423</b>		<b>24,514</b>		<b>17,847</b>		<b>646,581</b>		<b>1,515,675</b>		
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>132,593</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="text-align: right;"><b>48,199</b></td><td style="width:10%;"></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td></td><td style="text-align: right;"><b>252,109</b></td><td></td><td style="text-align: right;"><b>268,344</b></td></tr> <tr><td></td><td style="text-align: right;"><b>310,385</b></td><td></td><td style="text-align: right;"><b>398,956</b></td></tr> <tr><td></td><td style="text-align: right;"><b>610,693</b></td><td></td><td style="text-align: right;"><b>667,300</b></td></tr> <tr><td></td><td style="text-align: right;"><b>35,888</b></td><td></td><td style="text-align: right;"><b>848,375</b></td></tr> </table>		<b>48,199</b>		<b>0</b>		<b>252,109</b>		<b>268,344</b>		<b>310,385</b>		<b>398,956</b>		<b>610,693</b>		<b>667,300</b>		<b>35,888</b>		<b>848,375</b>						
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Beginning of Current Year</th><th colspan="2">End of Year</th></tr> <tr><td style="width:10%;"></td><td style="text-align: right;"><b>1,583,207</b></td><td style="width:10%;"></td><td style="text-align: right;"><b>2,259,339</b></td></tr> <tr><td></td><td style="text-align: right;"><b>634,769</b></td><td></td><td style="text-align: right;"><b>462,526</b></td></tr> <tr><td></td><td style="text-align: right;"><b>948,438</b></td><td></td><td style="text-align: right;"><b>1,796,813</b></td></tr> </table>	Beginning of Current Year		End of Year			<b>1,583,207</b>		<b>2,259,339</b>		<b>634,769</b>		<b>462,526</b>		<b>948,438</b>		<b>1,796,813</b>										
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**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>AMY MCKINNEY</b></p> Type or print name and title <p align="center"><b>CHAIRPERSON</b></p>	Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD A. DAVIS, CPA</b>	Preparer's signature <b>RICHARD A. DAVIS, CPA</b>	Date <b>05/23/16</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00132449</b>
	Firm's name } <b>CARLSON HIGHLAND &amp; CO., LLP.</b> <b>301 KELLER AVE S</b> Firm's address } <b>AMERY, WI 54001-1283</b>	Firm's EIN } <b>41-1562398</b> Phone no. } <b>715-268-7999</b>		

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

**Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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 \$ **205,347** including grants of \$ ) (Revenue \$ **47,482** )

**ARTS LEARNING: WITH A COMMITMENT TO ARTS LEARNING AND TO PROVIDING ACCESS TO THE ARTS SINCE 1996, FRANCONIA ENHANCES ITS EVER-CHANGING EXHIBITION OF CONTEMPORARY SCULPTURE WITH EDUCATIONAL AND OUTREACH PROGRAMMING, INCLUDING WEEKLY ARTIST-LED GUIDED TOURS, KIDS MAKE SCULPTURE WORKSHOPS, CUSTOMIZED PROGRAMMING FOR UNDER-SERVED AND HOMELESS YOUTH, THE ANNUAL COMMUNITY COLLABORATION HOT METAL POUR, FRANCONIA ARTIST TALK SYMPOSIA SERIES, MUSIC @ FRANCONIA CONCERT SERIES AND COMMUNITY ARTS PROGRAMMING AND EXHIBITIONS AT FRANCONIA'S SATELLITE GALLERY IN NE MINNEAPOLIS, "FRANCONIA IN THE CITY @ CASKET."**

4b (Code: ) (Expenses \$ **91,580** including grants of \$ ) (Revenue \$ **30,293** )

**ARTS ACCESS: FRANCONIA UTILIZES ITS LOCALE AND PROXIMITY TO THE METROPOLITAN MINNEAPOLIS/ST. PAUL AREA TO BRIDGE THE GAP BETWEEN RURAL AND URBAN ARTISTS, AUDIENCES, AND SETTINGS. FRANCONIA ENCOURAGES AUDIENCE ENGAGEMENT AND EDUCATION IN A CHARGED AND FOCUSED, YET WIDELY ACCESSIBLE, PUBLIC SETTING. VISITORS TO FRANCONIA INTERACT DIRECTLY WITH ART AND ARTISTS-IN-RESIDENCE THROUGH GUIDED TOURS, ARTS LEARNING PROGRAMMING, SYMPOSIA, AND INFORMAL CONNECTIONS THAT HAPPEN EACH DAY AT THE PARK. FRANCONIA IS FREE AND OPEN TO THE PUBLIC FROM DAWN TO DUSK, 365 DAYS A YEAR.**

4c (Code: ) (Expenses \$ **155,659** including grants of \$ ) (Revenue \$ )

**ARTIST PROGRAMS; FRANCONIA OFFERS FELLOWSHIP, INTERNSHIP AND WORKSHOP PROGRAMS THAT PROVIDE A COMBINED RESIDENCE, WORK, AND EXHIBITION ENVIRONMENT FOR VISUAL ARTISTS AT ALL LEVELS OF THEIR CAREERS AS THEY CREATE WORK TO BE SITED SPECIFICALLY AT THE PARK. TO SUPPORT THE VISION OF FRANCONIA, OUR EDUCATIONAL PROGRAMMING IS FOCUSED ON NOURISHING THE DEVELOPMENT OF VISUAL ARTISTS AS THEY CREATE THREE-DIMENSIONAL ARTWORK, ON PROVIDING ACCESS FOR ALL PEOPLE TO ARTS EXPERIENCES THAT TRANSFORM AND INSPIRE, AND ON ENGAGING KIDS, FAMILIES, AND THE GREATER COMMUNITY THROUGH DIVERSE, HIGH-QUALITY, AND INTERACTIVE PROGRAMS AND EXHIBITIONS.**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 452,586**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b>	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? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</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)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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) DOROTHY GOLDIE	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(2) ERIK JANSSEN	1.00									
TREASURER	0.00	X		X			0	0	0	
(3) JOHN JOACHIM	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) DAVIS KLAILA	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) RONALD KOPESKA	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) JOHN KREMER	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) DIANE MULLEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) AMY MCKINNEY	1.00									
CHAIRPERSON	0.00	X		X			0	0	0	
(9) TAMSIE RINGLER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(10)										
(11)										





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	145,719				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,273,911				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		59,844				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,419,630				
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> ARTISTS & OUTREACH PROGRAMS	611710	41,282	41,282			
	<b>b</b> DONATION BOX PROGRAM	611710	30,293	30,293			
	<b>c</b> SPONSORSHIPS	611710	6,200	6,200			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	77,775				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	423			423	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		1,535			
	<b>b</b> Less: cost or other basis & sales exps.			1,535			
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	17,254					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	17,254	17,254				
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> FACILITIES RENT			593		593		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		593				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		1,515,675	95,029	0	1,016	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	<b>241,004</b>	<b>164,040</b>	<b>35,627</b>	<b>41,337</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>8,000</b>	<b>5,950</b>	<b>1,275</b>	<b>775</b>
10 Payroll taxes	<b>19,340</b>	<b>14,505</b>	<b>2,901</b>	<b>1,934</b>
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	<b>11,984</b>		<b>11,984</b>	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	<b>1,240</b>	<b>1,165</b>	<b>60</b>	<b>15</b>
13 Office expenses	<b>10,070</b>	<b>6,950</b>	<b>1,705</b>	<b>1,415</b>
14 Information technology	<b>2,897</b>	<b>1,739</b>	<b>579</b>	<b>579</b>
15 Royalties				
16 Occupancy				
17 Travel	<b>9,041</b>	<b>5,936</b>	<b>1,654</b>	<b>1,451</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>25,235</b>	<b>21,449</b>	<b>1,262</b>	<b>2,524</b>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>43,927</b>	<b>37,338</b>	<b>2,196</b>	<b>4,393</b>
23 Insurance	<b>11,812</b>	<b>9,449</b>	<b>2,363</b>	
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 <b>LONG-RANGE CAPITAL CAMPAI</b>	<b>78,640</b>		<b>640</b>	<b>78,000</b>
b <b>MATERIALS AND SUPPLIES</b>	<b>59,339</b>	<b>58,875</b>	<b>464</b>	
c <b>FELLOWSHIPS</b>	<b>57,831</b>	<b>57,831</b>		
d <b>FACILITY EXPENSE</b>	<b>36,395</b>	<b>33,677</b>	<b>2,548</b>	<b>170</b>
e All other expenses	<b>50,545</b>	<b>33,682</b>	<b>16,863</b>	
25 Total functional expenses. Add lines 1 through 24e	<b>667,300</b>	<b>452,586</b>	<b>82,121</b>	<b>132,593</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	64,080	1	31,227
	2	Savings and temporary cash investments	297,607	2	379,462
	3	Pledges and grants receivable, net	108,487	3	478,589
	4	Accounts receivable, net	775	4	669
	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		8	
	9	Prepaid expenses and deferred charges	4,904	9	4,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,438,198		
	b	Less: accumulated depreciation	10b 335,528	10c	1,102,670
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	15,286	14	12,934
	15	Other assets. See Part IV, line 11	10,000	15	249,223
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,583,207	16	2,259,339	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	82,187	17	73,983
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	552,582	23	388,543
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	634,769	26	462,526
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	772,876	27	1,080,174
	28	Temporarily restricted net assets	175,562	28	716,639
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	948,438	33	1,796,813	
34	<b>Total liabilities and net assets/fund balances</b>	1,583,207	34	2,259,339	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,515,675</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>667,300</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>848,375</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>948,438</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,796,813</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 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.  
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**FRANCONIA SCULPTURE PARK**

Employer identification number

**41-1843609**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (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)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	493,410	494,368	482,608	574,719	1,419,630	3,464,735
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	493,410	494,368	482,608	574,719	1,419,630	3,464,735
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						736,691
<b>6</b> Public support. Subtract line 5 from line 4.						2,728,044

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	493,410	494,368	482,608	574,719	1,419,630	3,464,735
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,403	888	291	308	423	3,313
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,995	8,634	800		593	17,022
<b>11 Total support.</b> Add lines 7 through 10						3,485,070
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	142,169
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	78.28 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	98.80 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

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

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

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**2** Activities Test. **Answer (a) and (b) below.**

		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> <b>identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 .....			
<b>e</b> From 2014 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 .....			
<b>d</b> Excess from 2014 .....			
<b>e</b> Excess from 2015 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**FACILITY RENTAL, ART & MISC SALES** \$ **17,022**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization**

**Employer identification number**

**FRANCONIA SCULPTURE PARK**

**41-1843609**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

FRANCONIA SCULPTURE PARK

Employer identification number

41-1843609

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINNESOTA STATE ARTS BOARD PARK SQUARE 400 SIBLEY ST ST PAUL MN 55101	\$ 64,204	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	L & N ANDREAS FOUNDATION PO BOX 3584 MANKATO MN 56002	\$ 270,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EAST CENTRAL REGIONAL DEV COMM 100 PARK STREET S MORA MN 55051	\$ 68,566	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WOODBURY FOUNDATION 514 MADISON ST SAN ANTONIO TX 78204	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HARLAN BOSS FOUNDATION FOR THE ARTS PO BOX 8070 ST PAUL MN 55108	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WINDGATE CHARITABLE FOUNDATION P.O. BOX 826 SILOAM SPRINGS AR 72761	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FRANCONIA SCULPTURE PARK

Employer identification number

41-1843609

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HUGH J ANDERSEN FOUNDATION 342 FIFTH AVENUE NORTH SUITE 200 BAYPORT MN 55003	\$ 58,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GAVIA TRUST 30 EAST SEVENTH STREET SUITE 2000 ST PAUL MN 55101	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JEROME FOUNDATION JEROME FOUNDATION 400 SIBLEY ST ST PAUL MN 55101	\$ 78,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DRISCOLL FOUNDATION DRISCOLL FOUNDATION 30 EAST SEVENTH STREET SUITE 200 ST PAUL MN 55101	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	RUSSELL COWLES RUSSELL COWLES 2413 HUMBOLDT AVE S MINNEAPLIS MN 55405	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	RICHARD AND NANCY NICHOLSON RICHARD AND NANCY NICHOLSON 260 SUMMIT AVE ST PAUL MN 55416	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FRANCONIA SCULPTURE PARK</b>	Employer identification number <b>41-1843609</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MARDAG FOUNDATION MARDAG FOUNDATION 101 5TH ST E NO 2400 ST PAUL MN 55101	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	JOHN COLES III JOHN COLES III 475 GRAND HILL ST PAUL MN 55102	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

FRANCONIA SCULPTURE PARK

Employer identification number

41-1843609

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.

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

**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:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 on 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** %
  - c** Temporarily restricted endowment **u** %
- 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:

- (i)** unrelated organizations
- (ii)** related organizations

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

**b** If "Yes" on line 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
<b>1a</b> Land		<b>472,455</b>		<b>472,455</b>
<b>b</b> Buildings		<b>614,429</b>	<b>161,167</b>	<b>453,262</b>
<b>c</b> Leasehold improvements		<b>137,164</b>	<b>74,574</b>	<b>62,590</b>
<b>d</b> Equipment		<b>111,022</b>	<b>91,728</b>	<b>19,294</b>
<b>e</b> Other		<b>103,128</b>	<b>8,059</b>	<b>95,069</b>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,102,670**

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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) <b>LONG-TERM PROMISE TO GIVE</b>	<b>162,763</b>
(2) <b>CONSTRUCTION IN PROGRESS</b>	<b>86,460</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>249,223</b>

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>1,515,675</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,515,675</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>1,515,675</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>667,300</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>667,300</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>667,300</b>

**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.

**PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE**

**LARGE SCALE CONTEMPORARY 3-DIMENSIONAL ARTWORK.**



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**u** Attach to Form 990.

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

Name of the organization

**FRANCONIA SCULPTURE PARK**

Employer identification number

**41-1843609**

**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				
2 Art — Historical treasures				
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				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>NON CASH</b> )	<b>X</b>	<b>1</b>	<b>59,844</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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.		



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**FRANCONIA SCULPTURE PARK**

Employer identification number

**41-1843609**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE MISSION OF FRANCONIA SCULPTURE PARK IS TO PROVIDE PHYSICALLY AND INTELLECTUALLY WIDE-OPEN SPACES WHERE ALL ARE INSPIRED TO PARTICIPATE IN THE CREATIVE PROCESS. FRANCONIA SUPPORTS SCULPTORS AND SCULPTURE IN THE BROADEST DEFINITION OF THE ART FORM BY PROVIDING ARTISTS A PLACE TO CREATE AND LEARN WITH NO LIMITATIONS, AND BY CREATING OPPORTUNITIES FOR THE PUBLIC TO ACCESS THE ARTS THROUGH IMMERSIVE EDUCATIONAL PROGRAMS AND PARTICIPATORY EXPERIENCES WITH ART AND ARTISTS. FRANCONIA'S COMMUNITY PROGRAMS MAKE CONTEMPORARY ART ACCESSIBLE, PROVIDE CONTEXT TO THE LARGE-SCALE, 3-DIMENSIONAL ARTWORK WITHIN FRANCONIA'S 43-ACRE OUTDOOR EXHIBITION SPACE, AND INSTILL VIBRANT ARTS AND ARTS LEARNING INTO THE COMMUNITIES THAT FRANCONIA SERVES.

**FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF FRANCONIA SCULPTURE PARK IS TO PROVIDE PHYSICALLY AND INTELLECTUALLY WIDE-OPEN SPACES WHERE ALL ARE INSPIRED TO PARTICIPATE IN THE CREATIVE PROCESS. FRANCONIA SUPPORTS SCULPTORS AND SCULPTURE IN THE BROADEST DEFINITION OF THE ART FORM BY PROVIDING ARTISTS A PLACE TO CREATE AND LEARN WITH NO LIMITATIONS, AND BY CREATING OPPORTUNITIES FOR THE PUBLIC TO ACCESS THE ARTS THROUGH IMMERSIVE EDUCATIONAL PROGRAMS AND PARTICIPATORY EXPERIENCES WITH ART AND ARTISTS. FRANCONIA'S COMMUNITY PROGRAMS MAKE CONTEMPORARY ART ACCESSIBLE, PROVIDE CONTEXT TO THE LARGE-SCALE, 3-DIMENSIONAL ARTWORK WITHIN FRANCONIA'S 43 ACRE OUTDOOR EXHIBITION SPACE, AND INSTILL VIBRANT ARTS AND ARTS LEARNING INTO THE COMMUNITIES THAT FRANCONIA SERVES. IT IS FRANCONIA'S MISSION TO MAKE VISUAL ARTS ACCESSIBLE



Name of the organization

Employer identification number

FRANCONIA SCULPTURE PARK

41-1843609

WHILE DEVELOPING FUTURE GENERATIONS OF ARTISTS AND ARTS APPRECIATORS.

FORM 990, PART I, LINE 6

BOARD MEMBERS AND OTHER NON PAID STAFF ASSIST WITH THE VARIOUS EDUCATIONAL RELATED PROJECTS ON SITE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE GOVERNING BODY REVIEWS THE FORM 990 BEFORE IT IS FILED. IF THERE ANY CHANGES REQUIRED, THEY ARE MADE BEFORE THE RETURN GETS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD MONITORS THE CONFLICT OF INTEREST POLICY ON A QUARTERLY BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE EMPLOYEE PERFORMANCE AND COMPENSATION PACKAGE, INCLUDING OFFICERS AND DIRECTORS AND MANAGERS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD OF DIRECTORS ANNUALLY REVIEWS ITS EMPLOYEE PERFORMANCE AND COMPENSATION PACKAGES AS RELATED TO OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment  
Sequence No. **179**

**FRANCONIA SCULPTURE PARK**

Identifying number  
**41-1843609**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>41,574</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>41,574</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2015)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2015 tax year (see instructions): 43 Amortization of costs that began before your 2015 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Year Ended: December 31, 2015

41-1843609

FRANCONIA SCULPTURE PARK  
29836 St. Croix Trail  
Shafer, MN 55074

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
75	Gas welders, Saws	7/01/01	4,727			4,727	5	MO S/L	4,727	0
77	Am. Turbine	12/29/03	1,479			1,479	5	MO S/L	1,479	0
78	Computer- Imac	2/12/04	1,214			1,214	4	MO S/L	1,214	0
79	Airco 220 mig welder, 60 amp	6/02/05	1,200			1,200	7	MO S/L	1,200	0
80	10 Ton Forklift	11/03/05	3,400			3,400	7	MO S/L	3,400	0
81	Land - New Site	12/30/05	354,330			354,330	0	-- Land	0	0
82	New Site - Closing Costs	12/30/05	2,125			2,125	0	-- Land	0	0
83	House	12/30/05	496,000			496,000	39	MO S/L	114,462	12,718
84	Barn	12/30/05	49,670			49,670	39	MO S/L	11,462	1,274
85	2005 Polaris ATV	12/15/06	5,130			5,130	5	MO S/L	5,130	0
Sold/Scrapped: 12/31/15										
86	2001 Sea-Doo Bombardier	1/25/06	4,760			4,760	3	MO S/L	4,760	0
Sold/Scrapped: 12/31/15										
87	Grinder	8/08/06	234			234	5	MO S/L	234	0
88	New Lawn mower	7/01/06	8,900			8,900	5	MO S/L	8,900	0
89	Projector	8/21/06	800			800	5	MO S/L	800	0
Sold/Scrapped: 12/31/15										
90	1980 Ford Boom Truck	10/17/06	3,950			3,950	3	MO S/L	3,950	0
91	Landscaping	6/30/06	33,151			33,151	15	MO S/L	18,786	2,210
92	Finish Basement	10/31/06	15,475			15,475	15	MO S/L	8,425	1,032
93	Furniture for Artist's Residence	7/10/06	12,143			12,143	7	MO S/L	12,143	0
94	Driveway/Parking Lot	9/30/06	10,994			10,994	15	MO S/L	6,046	733
95	Turning Lane	9/30/06	40,256			40,256	15	MO S/L	22,141	2,684
96	New Park site preparation	8/31/06	4,203			4,203	15	MO S/L	2,335	280
97	Outside Bathroom	3/30/07	1,103			1,103	15	MO S/L	570	73
98	Lower Level Bathroom and Laundry	3/30/07	2,267			2,267	15	MO S/L	1,171	152
99	New Door for Barn	11/16/07	1,489			1,489	15	MO S/L	703	99
100	Stage	9/25/07	2,310			2,310	7	MO S/L	2,310	0
101	Apple MB BLK Computer	9/22/07	1,646			1,646	5	MO S/L	1,646	0
102	Work Area	5/27/07	1,702			1,702	15	MO S/L	860	114
103	Parking Lot	6/08/07	1,038			1,038	15	MO S/L	525	69
104	Remodel Barn	10/01/07	2,499			2,499	15	MO S/L	1,208	167
105	1997 Cushman Truckster w/Dumpback	5/21/08	500			500	3	MO S/L	500	0
106	Tiller with 6Ft PTO Drive/tractor mount	5/09/08	1,250			1,250	7	MO S/L	1,190	60
107	New Goulds Sump Pump	7/17/08	1,193			1,193	7	MO S/L	1,094	99
108	Prairie Restoration	7/31/09	2,695			2,695	15	MO S/L	973	180
109	Walking Trails	7/31/09	4,032			4,032	15	MO S/L	1,456	269
110	Driveway and Parking Lot	8/31/09	11,544			11,544	15	MO S/L	4,104	770
111	Outside Bathroom	11/30/09	7,089			7,089	39	MO S/L	924	182
112	Amphitheater	8/31/09	7,519			7,519	39	MO S/L	1,028	193
113	Landscaping for Amphitheater	9/30/09	10,007			10,007	15	MO S/L	3,503	667
115	Proloant DL380 Special Rack Server	3/02/09	3,200			3,200	5	MO S/L	3,200	0
116	4 Compaq pentium 42.0 Ghz	3/02/09	680			680	5	MO S/L	680	0
117	3 HP 137GB SCSI Hard Drives	3/02/09	1,500			1,500	5	MO S/L	1,500	0
118	2 HP 72GB Serial Attached SCSI Hard Driv	3/02/09	727			727	5	MO S/L	727	0
119	PA System	6/23/10	8,893			8,893	5	MO S/L	8,004	889
120	New Zoeller Septic Pump	7/06/10	1,396			1,396	15	MO S/L	419	93
Sold/Scrapped: 12/31/15										
121	Rebuild Forklift	9/21/10	5,020			5,020	5	MO S/L	4,267	753
122	Community Gathering Space	7/31/10	11,582			11,582	15	MO S/L	3,410	772
123	Educational Shelter	11/01/10	12,431			12,431	39	MO S/L	1,328	319
124	2005 EZ-Go Gas Golf Cart	5/05/11	3,450			3,450	5	MO S/L	2,530	690
125	34 HP KOH Command Mower with 72" dec	4/20/11	9,759			9,759	5	MO S/L	7,157	1,951
Sold/Scrapped: 12/31/15										
126	All Terrain Pallet Truck	7/11/11	590			590	5	MO S/L	413	118
127	Power Washer 3.5 GPM 4000 PSI	8/12/11	1,220			1,220	5	MO S/L	834	244
128	Miller 907269 Blue Star Gas Welder	6/16/11	2,854			2,854	5	MO S/L	1,998	571
129	Projector Canon MarkII Realis SX80 3000 1	8/03/11	2,430			2,430	5	MO S/L	1,660	486
130	Cutmaster 42 Plasma Cutter	8/05/11	950			950	5	MO S/L	649	190
132	Driveway to expanded parking lot	10/10/11	1,872			1,872	15	MO S/L	406	124
133	New Roof for House	11/16/12	10,490			10,490	15	MO S/L	1,457	699
134	2004 Ford F350 w/tool box and snow plow	11/17/12	11,800			11,800	3	MO S/L	8,195	3,605
135	1994 Felling T91 16"Trailer GVWR 6000	11/17/12	2,501			2,501	3	MO S/L	1,737	764
136	Michael Richards Sculpture	9/11/12	34,498			34,498	15	MO S/L	5,366	2,300
137	Water & Electric to Stage	8/01/12	9,500			9,500	15	MO S/L	1,531	633
139	Land - 23.2 Acres	12/31/12	116,000			116,000	0	-- Land	0	0
140	Water Softener	4/02/13	881			881	5	MO S/L	309	176
141	23 CFT Refrigerator French Doors	5/14/13	1,864			1,864	10	MO S/L	311	186
142	2 Easycare Gas Ranges	5/14/13	1,869			1,869	10	MO S/L	311	187
143	Washer - White	5/14/13	590			590	10	MO S/L	98	59

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
144	Gas Dryer - White	5/14/13	557			557	10 MO S/L	93	55
145	2013 Prairie Restoration	5/30/13	2,985			2,985	15 MO S/L	315	199
146	CIP - Long Range Capital Campaign	12/31/14	20,218			20,218	0 -- Memo	0	0
147	2015 EZ-Go S6 Express Golf Cart, Blue	7/15/15	9,450			9,450	7 MO S/L	0	675
148	2015 EZ-GO Valor Golf Cart black top rear	7/15/15	5,850			5,850	7 MO S/L	0	418
149	Field Expansion	12/10/15	67,630			67,630	15 MO S/L	0	376
150	2015 CIP Capital Campaign	12/31/15	66,240			66,240	0 -- Memo	0	0
151	280 Gal Fuel Tank	11/24/15	1,000			1,000	5 MO S/L	0	17
<b>Total Other Depreciation</b>			<u>1,546,501</u>			<u>1,546,501</u>		<u>314,264</u>	<u>41,574</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,546,501</u>			<u>1,546,501</u>		<u>314,264</u>	<u>41,574</u>
<b><u>Amortization:</u></b>									
138	Bond Issuance Costs	7/01/11	23,517			23,517	10 MO Amort	8,231	2,352
			<u>23,517</u>			<u>23,517</u>		<u>8,231</u>	<u>2,352</u>
<b>Grand Totals</b>			1,570,018			1,570,018		322,495	43,926
<b>Less: Dispositions and Transfers</b>			21,845			21,845		18,266	2,044
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,548,173</u>			<u>1,548,173</u>		<u>304,229</u>	<u>41,882</u>

# MN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
<b>Other Depreciation:</b>								
75	Gas welders, Saws	7/01/01	0	0	0	0	0	0
77	Am. Turbine	12/29/03	0	0	0	0	0	0
78	Computerb- Imac	2/12/04	0	0	0	0	0	0
79	Airco 220 mig welder, 60 amp	6/02/05	0	0	0	0	0	0
80	10 Ton Forklift	11/03/05	0	0	0	0	0	0
81	Land - New Site	12/30/05	0	0	0	0	0	0
82	New Site - Closing Costs	12/30/05	0	0	0	0	0	0
83	House	12/30/05	0	0	0	0	12,718	12,718
84	Barn	12/30/05	0	0	0	0	1,274	1,274
85	2005 Polaris ATV	12/15/06	0	0	0	0	0	0
	Sold/Scrapped: 12/31/15							
86	2001 Sea-Doo Bombardier	1/25/06	0	0	0	0	0	0
	Sold/Scrapped: 12/31/15							
87	Grinder	8/08/06	0	0	0	0	0	0
88	New Lawn mower	7/01/06	0	0	0	0	0	0
89	Projector	8/21/06	0	0	0	0	0	0
	Sold/Scrapped: 12/31/15							
90	1980 Ford Boom Truck	10/17/06	0	0	0	0	0	0
91	Landscaping	6/30/06	0	0	0	0	2,210	2,210
92	Finish Basement	10/31/06	0	0	0	0	1,032	1,032
93	Furniture for Artist's Residence	7/10/06	0	0	0	0	0	0
94	Driveway/Parking Lot	9/30/06	0	0	0	0	733	733
95	Turning Lane	9/30/06	0	0	0	0	2,684	2,684
96	New Park site preparation	8/31/06	0	0	0	0	280	280
97	Outside Bathroom	3/30/07	0	0	0	0	73	73
98	Lower Level Bathroom and Laundry	3/30/07	0	0	0	0	152	152
99	New Door for Barn	11/16/07	0	0	0	0	99	99
100	Stage	9/25/07	0	0	0	0	0	0
101	Apple MB BLK Computer	9/22/07	0	0	0	0	0	0
102	Work Area	5/27/07	0	0	0	0	114	114
103	Parking Lot	6/08/07	0	0	0	0	69	69
104	Remodel Barn	10/01/07	0	0	0	0	167	167
105	1997 Cushman Truckster w/Dumpback	5/21/08	0	0	0	0	0	0
106	Tiller with 6ft PTO Drive/tractor mount	5/09/08	0	0	0	0	60	60
107	New Goulds Sump Pump	7/17/08	0	0	0	0	99	99
108	Prairie Restoration	7/31/09	0	0	0	0	180	180
109	Walking Trails	7/31/09	0	0	0	0	269	269
110	Driveway and Parking Lot	8/31/09	0	0	0	0	770	770
111	Outside Bathroom	11/30/09	0	0	0	0	182	182
112	Amphitheater	8/31/09	0	0	0	0	193	193
113	Landscaping for Amphitheater	9/30/09	0	0	0	0	667	667
115	Proloant DL380 Special Rack Server	3/02/09	0	0	0	0	0	0
116	4 Compaq pentium 42.0 Ghz	3/02/09	0	0	0	0	0	0
117	3 HP 137GB SCSI Hard Drives	3/02/09	0	0	0	0	0	0
118	2 HP 72GB Serial Attached SCSI Hard Driv	3/02/09	0	0	0	0	0	0
119	PA System	6/23/10	0	0	0	0	889	889
120	New Zoeller Septic Pump	7/06/10	0	0	0	0	93	93
	Sold/Scrapped: 12/31/15							
121	Rebuild Forklift	9/21/10	0	0	0	0	753	753
122	Community Gathering Space	7/31/10	0	0	0	0	772	772
123	Educational Shelter	11/01/10	0	0	0	0	319	319
124	2005 EZ-Go Gas Golf Cart	5/05/11	0	0	0	0	690	690
125	34 HP KOH Command Mower with 72" dec	4/20/11	0	0	0	0	1,951	1,951
	Sold/Scrapped: 12/31/15							
126	All Terrain Pallet Truck	7/11/11	0	0	0	0	118	118
127	Power Washer 3.5 GPM 4000 PSI	8/12/11	0	0	0	0	244	244
128	Miller 907269 Blue Star Gas Welder	6/16/11	0	0	0	0	571	571
129	Projector Canon MarkII Realis SX80 3000 1	8/03/11	0	0	0	0	486	486
130	Cutmaster 42 Plasma Cutter	8/05/11	0	0	0	0	190	190
132	Driveway to expanded parking lot	10/10/11	0	0	0	0	124	124
133	New Roof for House	11/16/12	0	0	0	0	699	699
134	2004 Ford F350 w/tool box and snow plow	11/17/12	0	0	0	0	3,605	3,605
135	1994 Felling T91 16"Trailer GVWR 6000	11/17/12	0	0	0	0	764	764
136	Michael Richards Sculpture	9/11/12	0	0	0	0	2,300	2,300
137	Water & Electric to Stage	8/01/12	0	0	0	0	633	633
138	Bond Issuance Costs	7/01/11	0	0	0	0	2,352	2,352
139	Land - 23.2 Acres	12/31/12	0	0	0	0	0	0
140	Water Softener	4/02/13	881	881	309	176	176	0
141	23 CFT Refrigerator French Doors	5/14/13	1,864	1,864	311	186	186	0
142	2 Easycare Gas Ranges	5/14/13	1,869	1,869	311	187	187	0

# MN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
143	Washer - White	5/14/13	590	590	98	59	59	0
144	Gas Dryer - White	5/14/13	557	557	93	55	55	0
145	2013 Prairie Restoration	5/30/13	2,985	2,985	315	199	199	0
146	CIP - Long Range Capital Campaign	12/31/14	20,218	20,218	0	0	0	0
147	2015 EZ-Go S6 Express Golf Cart, Blue	7/15/15	9,450	9,450	0	675	675	0
148	2015 EZ-GO Valor Golf Cart black top rear	7/15/15	5,850	5,850	0	418	418	0
149	Field Expansion	12/10/15	67,630	67,630	0	376	376	0
150	2015 CIP Capital Campaign	12/31/15	66,240	66,240	0	0	0	0
151	280 Gal Fuel Tank	11/24/15	1,000	1,000	0	17	17	0
<b>Total Other Depreciation</b>			<u>179,134</u>	<u>179,134</u>	<u>1,437</u>	<u>2,348</u>	<u>43,926</u>	<u>41,578</u>
<b>Total ACRS and Other Depreciation</b>			<u>179,134</u>	<u>179,134</u>	<u>1,437</u>	<u>2,348</u>	<u>43,926</u>	<u>41,578</u>
<b>Grand Totals</b>			179,134	179,134	1,437	2,348	43,926	41,578
<b>Less: Dispositions</b>			0	0	0	0	2,044	2,044
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>179,134</u>	<u>179,134</u>	<u>1,437</u>	<u>2,348</u>	<u>41,882</u>	<u>39,534</u>



# Depreciation Adjustment Report

## All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
75	Gas welders, Saws	7/01/01	4,727	0	0
77	Am. Turbine	12/29/03	1,479	0	0
78	Computerb- Imac	2/12/04	1,214	0	0
79	Airco 220 mig welder, 60 amp	6/02/05	1,200	0	0
80	10 Ton Forklift	11/03/05	3,400	0	0
81	Land - New Site	12/30/05	354,330	0	0
82	New Site - Closing Costs	12/30/05	2,125	0	0
83	House	12/30/05	496,000	12,717	0
84	Barn	12/30/05	49,670	1,273	0
87	Grinder	8/08/06	234	0	0
88	New Lawn mower	7/01/06	8,900	0	0
90	1980 Ford Boom Truck	10/17/06	3,950	0	0
91	Landscaping	6/30/06	33,151	2,210	0
92	Finish Basement	10/31/06	15,475	1,032	0
93	Furniture for Artist's Residence	7/10/06	12,143	0	0
94	Driveway/Parking Lot	9/30/06	10,994	733	0
95	Turning Lane	9/30/06	40,256	2,684	0
96	New Park site preparation	8/31/06	4,203	280	0
97	Outside Bathroom	3/30/07	1,103	74	0
98	Lower Level Bathroom and Laundry	3/30/07	2,267	151	0
99	New Door for Barn	11/16/07	1,489	100	0
100	Stage	9/25/07	2,310	0	0
101	Apple MB BLK Computer	9/22/07	1,646	0	0
102	Work Area	5/27/07	1,702	113	0
103	Parking Lot	6/08/07	1,038	69	0
104	Remodel Barn	10/01/07	2,499	166	0
105	1997 Cushman Truckster w/Dumpback	5/21/08	500	0	0
106	Tiller with 6Ft PTO Drive/tractor mount	5/09/08	1,250	0	0
107	New Goulds Sump Pump	7/17/08	1,193	0	0
108	Prairie Restoration	7/31/09	2,695	180	0
109	Walking Trails	7/31/09	4,032	269	0
110	Driveway and Parking Lot	8/31/09	11,544	770	0
111	Outside Bathroom	11/30/09	7,089	182	0
112	Amphitheater	8/31/09	7,519	193	0
113	Landscaping for Amphitheater	9/30/09	10,007	667	0
115	Proloant DL380 Special Rack Server	3/02/09	3,200	0	0
116	4 Compaq pentium 42.0 Ghz	3/02/09	680	0	0
117	3 HP 137GB SCSI Hard Drives	3/02/09	1,500	0	0
118	2 HP 72GB Serial Attached SCSI Hard Drives	3/02/09	727	0	0
119	PA System	6/23/10	8,893	0	0
121	Rebuild Forklift	9/21/10	5,020	0	0
122	Community Gathering Space	7/31/10	11,582	772	0
123	Educational Shelter	11/01/10	12,431	319	0
124	2005 EZ-Go Gas Golf Cart	5/05/11	3,450	230	0
126	All Terrain Pallet Truck	7/11/11	590	59	0
127	Power Washer 3.5 GPM 4000 PSI	8/12/11	1,220	142	0
128	Miller 907269 Blue Star Gas Welder	6/16/11	2,854	285	0
129	Projector Canon MarkII Realis SX80 3000 Lum	8/03/11	2,430	284	0
130	Cutmaster 42 Plasma Cutter	8/05/11	950	111	0
132	Driveway to expanded parking lot	10/10/11	1,872	125	0
133	New Roof for House	11/16/12	10,490	700	0
134	2004 Ford F350 w/tool box and snow plow	11/17/12	11,800	0	0
135	1994 Felling T91 16"Trailer GVWR 6000	11/17/12	2,501	0	0
136	Michael Richards Sculpture	9/11/12	34,498	2,300	0
137	Water & Electric to Stage	8/01/12	9,500	633	0
139	Land - 23.2 Acres	12/31/12	116,000	0	0
140	Water Softener	4/02/13	881	176	0
141	23 CFT Refrigerator French Doors	5/14/13	1,864	186	0
142	2 Easycare Gas Ranges	5/14/13	1,869	187	0
143	Washer - White	5/14/13	590	59	0
144	Gas Dryer - White	5/14/13	557	56	0
145	2013 Prairie Restoration	5/30/13	2,985	199	0
146	CIP - Long Range Capital Campaign	12/31/14	20,218	0	0
147	2015 EZ-Go S6 Express Golf Cart, Blue	7/15/15	9,450	1,350	1,350
148	2015 EZ-GO Valor Golf Cart black top rear sea	7/15/15	5,850	836	0
149	Field Expansion	12/10/15	67,630	4,508	0
150	2015 CIP Capital Campaign	12/31/15	66,240	0	0
151	280 Gal Fuel Tank	11/24/15	1,000	200	0

# Future Depreciation Report    FYE: 12/31/16

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	<b>Total Other Depreciation</b>		<u>1,524,656</u>	<u>37,580</u>	<u>1,350</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,524,656</u>	<u>37,580</u>	<u>1,350</u>
<b><u>Amortization:</u></b>					
138	Bond Issuance Costs	7/01/11	<u>23,517</u>	<u>2,351</u>	<u>0</u>
			<u>23,517</u>	<u>2,351</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,548,173</u>	<u>39,931</u>	<u>1,350</u>

## Form 990, Page 1

Asset	Description	Date In Service	Cost	MN
<b>Other Depreciation:</b>				
75	Gas welders, Saws	7/01/01	0	0
77	Am. Turbine	12/29/03	0	0
78	Computerb- Imac	2/12/04	0	0
79	Airco 220 mig welder, 60 amp	6/02/05	0	0
80	10 Ton Forklift	11/03/05	0	0
81	Land - New Site	12/30/05	0	0
82	New Site - Closing Costs	12/30/05	0	0
83	House	12/30/05	0	0
84	Barn	12/30/05	0	0
87	Grinder	8/08/06	0	0
88	New Lawn mower	7/01/06	0	0
90	1980 Ford Boom Truck	10/17/06	0	0
91	Landscaping	6/30/06	0	0
92	Finish Basement	10/31/06	0	0
93	Furniture for Artist's Residence	7/10/06	0	0
94	Driveway/Parking Lot	9/30/06	0	0
95	Turning Lane	9/30/06	0	0
96	New Park site preparation	8/31/06	0	0
97	Outside Bathroom	3/30/07	0	0
98	Lower Level Bathroom and Laundry	3/30/07	0	0
99	New Door for Barn	11/16/07	0	0
100	Stage	9/25/07	0	0
101	Apple MB BLK Computer	9/22/07	0	0
102	Work Area	5/27/07	0	0
103	Parking Lot	6/08/07	0	0
104	Remodel Barn	10/01/07	0	0
105	1997 Cushman Truckster w/Dumpback	5/21/08	0	0
106	Tiller with 6Ft PTO Drive/tractor mount	5/09/08	0	0
107	New Goulds Sump Pump	7/17/08	0	0
108	Prairie Restoration	7/31/09	0	0
109	Walking Trails	7/31/09	0	0
110	Driveway and Parking Lot	8/31/09	0	0
111	Outside Bathroom	11/30/09	0	0
112	Amphitheater	8/31/09	0	0
113	Landscaping for Amphitheater	9/30/09	0	0
115	Proloant DL380 Special Rack Server	3/02/09	0	0
116	4 Compaq pentium 42.0 Ghz	3/02/09	0	0
117	3 HP 137GB SCSI Hard Drives	3/02/09	0	0
118	2 HP 72GB Serial Attached SCSI Hard Drives	3/02/09	0	0
119	PA System	6/23/10	0	0
121	Rebuild Forklift	9/21/10	0	0
122	Community Gathering Space	7/31/10	0	0
123	Educational Shelter	11/01/10	0	0
124	2005 EZ-Go Gas Golf Cart	5/05/11	0	0
126	All Terrain Pallet Truck	7/11/11	0	0
127	Power Washer 3.5 GPM 4000 PSI	8/12/11	0	0
128	Miller 907269 Blue Star Gas Welder	6/16/11	0	0
129	Projector Canon MarkII Realis SX80 3000 Lum	8/03/11	0	0
130	Cutmaster 42 Plasma Cutter	8/05/11	0	0
132	Driveway to expanded parking lot	10/10/11	0	0
133	New Roof for House	11/16/12	0	0
134	2004 Ford F350 w/tool box and snow plow	11/17/12	0	0
135	1994 Felling T91 16"Trailer GVWR 6000	11/17/12	0	0
136	Michael Richards Sculpture	9/11/12	0	0
137	Water & Electric to Stage	8/01/12	0	0
139	Land - 23.2 Acres	12/31/12	0	0
140	Water Softener	4/02/13	881	176
141	23 CFT Refrigerator French Doors	5/14/13	1,864	186
142	2 Easycare Gas Ranges	5/14/13	1,869	187
143	Washer - White	5/14/13	590	59
144	Gas Dryer - White	5/14/13	557	56
145	2013 Prairie Restoration	5/30/13	2,985	199
146	CIP - Long Range Capital Campaign	12/31/14	20,218	0
147	2015 EZ-Go S6 Express Golf Cart, Blue	7/15/15	9,450	1,350
148	2015 EZ-GO Valor Golf Cart black top rear sea	7/15/15	5,850	836
149	Field Expansion	12/10/15	67,630	4,508
150	2015 CIP Capital Campaign	12/31/15	66,240	0
151	280 Gal Fuel Tank	11/24/15	1,000	200

**MN Future Depreciation Report**  
**Form 990, Page 1****FYE: 12/31/16**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MN</u>
	<b>Total Other Depreciation</b>		<u>179,134</u>	<u>7,757</u>
	<b>Total ACRS and Other Depreciation</b>		<u>179,134</u>	<u>7,757</u>
<b><u>Amortization:</u></b>				
138	Bond Issuance Costs	7/01/11	<u>0</u>	<u>0</u>
			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>179,134</u>	<u>7,757</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>423</u>			14		
TOTAL	\$ <u><u>423</u></u>					

## Federal Statements

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 25,312	\$ 8,599	\$ 16,713	\$
INDEPENDENT CONTRACTORS	10,856	10,706	150	
SMALL EQUIPMENT PURCHASES	6,144	6,144		
IN-KIND	4,483	4,483		
REPAIRS AND MAINTENANCE	3,750	3,750		
TOTAL	\$ <u>50,545</u>	\$ <u>33,682</u>	\$ <u>16,863</u>	\$ <u>0</u>

## Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CHARLES STEWART MOTT FOUNDATION	\$ 10,000	\$
CONSTANCE CHARLES FULLER COWLES FOU	12,500	
DRISCOLL FOUNDATION	87,000	17,299
GAVIA TRUST	55,000	
HARLAN BOSS FOUNDATION	40,000	
HUGH J ANDERSEN FOUNDATION	58,000	
JEROME FOUNDATION	152,000	82,299
JOHN COLES III	100,000	30,299
JOYFUL WOMEN FOUNDATION	25,000	
L & N FOUNDATION	350,000	280,299
MARDAG FOUNDATION	75,000	5,299
MCKNIGHT FOUNDATION	70,000	299
MISSY THOMPSON GAR HARGENS	38,816	
RICHARD AND NANCY NICHOLSON	50,000	
RUSSELL COWLES	260,000	190,299
THE HARDENBERGH FOUNDATION	25,000	
THE SAINT PAUL FOUNDATION HUSS	10,000	
WINDGATE FOUNDATION	100,000	30,299
WOODBURY FOUNDATION	170,000	100,299
TOTAL	<u>\$ 1,688,316</u>	<u>\$ 736,691</u>



## Federal Statements

Schedule A, Part II, Line 12

Description	Amount
ARTISTS & OUTREACH PROGRAMS	\$ 41,282
SPONSORSHIPS	6,200
DONATION BOX PROGRAM	30,293
MERCHANDISE	17,254
ART SCULPTURES	
GROUNDS FACILITY	
TOTAL	\$ <u>95,029</u>

**Federal Statements****Savings - BOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>297,607</u>
TOTAL	\$ <u><u>297,607</u></u>

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**Savings - EOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>379,462</u>
TOTAL	\$ <u><u>379,462</u></u>

**Federal Statements****Savings - BOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>297,607</u>
TOTAL	\$ <u><u>297,607</u></u>

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**Savings - EOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>379,462</u>
TOTAL	\$ <u><u>379,462</u></u>

**Federal Statements****Savings - BOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>297,607</u>
TOTAL	\$ <u><u>297,607</u></u>

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**Savings - EOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>379,462</u>
TOTAL	\$ <u><u>379,462</u></u>

**Federal Statements****Savings - BOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>297,607</u>
TOTAL	\$ <u><u>297,607</u></u>

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**Savings - EOY**

<u>Description</u>	<u>Amount</u>
MONEY MARKET ACCOUNT	\$ <u>379,462</u>
TOTAL	\$ <u><u>379,462</u></u>