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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
500 W WASHINGTON ST

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46204

D Employer identification number
31-1139447

E Telephone number
(317)636-9378

G Gross receipts $ 27,807,487

F Name and address of principal officer
JOHN VANAUSDALL
500 W WASHINGTON ST
INDIANAPOLIS,IN 46204

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW EITELJORG ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1985 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO INSPIRE AN APPRECIATION AND UNDERSTANDING OF THE ART, HISTORY AND CULTURES OF THE AMERICAN WEST AND THE INDIGENOUS PEOPLES OF NORTH AMERICA THE EITELJORG MUSEUM COLLECTS AND PRESERVES WESTERN ART AND NATIVE AMERICAN ART AND CULTURAL OBJECTS OF THE HIGHEST QUALITY, AND SERVES THE PUBLIC THROUGH ENGAGING EXHIBITIONS, EDUCATIONAL PROGRAMS, CULTURAL EXCHANGES, AND ENTERTAINING SPECIAL EVENTS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	85
6	Total number of volunteers (estimate if necessary)	**6**	504
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,089
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,089

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,849,311	4,369,202
9	Program service revenue (Part VIII, line 2g)	353,899	363,968
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	999,611	2,012,869
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	659,139	702,430
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,861,960	7,448,469
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	127,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,195,352	3,391,881
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶649,177		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,729,121	5,797,141
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,924,473	9,316,022
19	Revenue less expenses Subtract line 18 from line 12	-1,062,513	-1,867,553

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	67,127,295	63,256,865
21	Total liabilities (Part X, line 26)	22,509,847	23,017,249
22	Net assets or fund balances Subtract line 21 from line 20	44,617,448	40,239,616

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2012-11-06
Signature of officer | Date

JOHN VANAUSDALL PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KEITH T GAMBREL	Date 2012-11-06	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00150740
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KSM BUSINESS SERVICES INC PO BOX 40857 INDIANAPOLIS, IN 462400857			EIN ▶ 35-2123203 Phone no ▶ (317) 580-2000

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 to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO INSPIRE AN APPRECIATION AND UNDERSTANDING OF THE ART, HISTORY AND CULTURES OF THE AMERICAN WEST AND THE INDIGENOUS PEOPLES OF NORTH AMERICA THE EITELJORG MUSEUM COLLECTS AND PRESERVES WESTERN ART AND NATIVE AMERICAN ART AND CULTURAL OBJECTS OF THE HIGHEST QUALITY, AND SERVES THE PUBLIC THROUGH ENGAGING EXHIBITIONS, EDUCATIONAL PROGRAMS, CULTURAL EXCHANGES, AND ENTERTAINING SPECIAL EVENTS

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 and section 4947(a)(1) trusts 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 $ 5,790,532 including grants of $ 127,000) (Revenue $)

EXHIBITIONSIN 2011, THE EITELJORG PRODUCED SIX ORIGINAL EXHIBITIONS AND DROVE ATTENDANCE SOLIDLY ABOVE THE 140,000 MARK RED/BLACK RELATED THROUGH HISTORY, THE 6TH ANNUAL QUEST FOR THE WEST ART SHOW AND SALE, SOL Y SOMBRA THE PAINTINGS OF GEORGE HALLMARK, THE EITELJORG CONTEMPORARY ART FELLOWSHIP, INFLUENCES AND JINGLE RAILS THE GREAT WESTERN ADVENTURE RED/BLACK RELATED THROUGH HISTORY (FEBRUARY 12 - AUGUST 7) COMBINED EITELJORG-CREATED PANELS AND ARTIFACTS WITH SMITHSONIAN NATIONAL MUSEUM OF THE AMERICAN INDIAN INDIVISIBLE MATERIALS FOR A LONG-AWAITED EXHIBIT EXPLORING SOCIAL, CULTURAL AND HISTORIC INTERACTION, CONFLICT, COOPERATION, SURVIVAL AND INTERMARRIAGE OF AFRICAN AND NATIVE AMERICANS THE END PRODUCT CONVEYED VERY PERSONAL STORIES, UNTOLD FOR GENERATIONS, AND ASKED THE QUESTION WHO AND WHAT DEFINES AN INDIVIDUAL'S IDENTITY?THE 6TH ANNUAL QUEST FOR THE WEST ART SHOW AND SALE (SEPTEMBER 10 - OCTOBER 9) SHOWCASED ARTWORK BY 50 ESTEEMED CONTEMPORARY ARTISTS SPECIALIZING IN WESTERN THEMES ARTISTS AND A RECORD NUMBER OF GUESTS ATTENDED OPENING WEEKEND ACTIVITIES ONE MILLION IN ART SALES MADE THE 2011 EVENT SUCCESSFUL SOL Y SOMBRA THE PAINTINGS OF GEORGE HALLMARK (SEPTEMBER 9 - NOVEMBER 6) FEATURED PAINTINGS BY 2010 QUEST FOR THE WEST ARTIST OF DISTINCTION GEORGE HALLMARK IN A ONE-OF-A-KIND EXHIBIT CREATED BY EITELJORG CURATORS INFLUENCES (APRIL 28 - SEPTEMBER 25, 2011 AND OCTOBER 1 - APRIL 2012) IN THE HURT AND HARVEY CONTEMPORARY NATIVE AMERICAN ART GALLERIES, EXPLORES RELATIONSHIPS AMONG ARTISTS, TEACHERS AND MENTORS AND THE IMPACT OF FAMILY AND CULTURE ON INDIVIDUAL ARTISTS AND THEIR WORK THE EITELJORG FELLOWSHIP FOR CONTEMPORARY ART (NOVEMBER 12, 2011 - FEBRUARY 12, 2012) REBRANDED AND RENAMED, THE 7TH BIENNIAL FELLOWSHIP PROGRAM FOR EMERGING, CONTEMPORARY NATIVE AMERICAN ARTISTS ENTERED A NEW PHASE THIS YEAR WITH A GOAL OF ATTRACTING YOUNGER ART LOVERS JINGLE RAILS THE GREAT WESTERN ADVENTURE (NOVEMBER 5, 2011 - JANUARY 8, 2012) IS DESTINED TO BE AN ANNUAL BLOCKBUSTER VIEWED BY MORE THAN 51,000 VISITORS IN 2010, THE FIRST JINGLE RAILS CATAPULTED THE MUSEUM'S ANNUAL ATTENDANCE FROM THE USUAL 100,000 TO MORE THAN 140,000 QUICKLY BECOMING A HOOSIER HOLIDAY FAVORITE, JINGLE RAILS ATTRACTED MORE FAMILIES TO THE MUSEUM THAN ANY PREVIOUS EVENT INDY'S LUCAS OIL FOOTBALL STADIUM, THE ONEAMERICA BUILDING, THE HOLLYWOOD SIGN, AND THE GOLDEN GATE BRIDGE JOINED OLD FAITHFUL, MT RUSHMORE, A CHRISTMAS TREE-LIT INDIANAPOLIS SOLDIERS AND SAILORS MONUMENT, A TLINGIT VILLAGE, THE GRAND CANYON AND OTHER ICONIC INDIANAPOLIS AND WESTERN LANDMARKS IN THIS YEAR'S EXHIBIT

4b (Code) (Expenses $ 643,392 including grants of $) (Revenue $)

FESTIVALS AND EVENTSTHE EITELJORG MUSEUM DOES SEVERAL FESTIVALS AND EVENTS INDIAN MARKET AND FESTIVAL WAS THE LARGEST PUBLIC EVENT THE EITELJORG PRODUCES ANNUALLY (C 7,000 VISITORS) THE 2-DAY MARKET FOCUSED ON JURIED PRESENTATION OF ART FOR SALE BY 160 OF THE TOP NATIVE AMERICAN ARTISTS AND ON NATIVE AMERICAN PERFORMANCES, FOODS, HANDS-ON ACTIVITIES AND DEMONSTRATORS THE BAND BLUE STONE PROJECT, EMCEE MICHAEL HORSE (PASCUA YAQUI/ZUNI/MESCALERO APACHE), AUTHOR AND STORYTELLER RICHARD VAN CAMP (DOGRIB (TLICHO) NATION, NORTHWEST TERRITORIES) WERE AMONG THOSE COMMITTED TO THE MARKET WESTFEST IS A WESTERN IMMERSION EXPERIENCE FOR FAMILIES THAT FEATURES RE-ENACTORS, ENTERTAINERS, HANDS-ON ACTIVITIES, STAGECOACH RIDES AND WESTERN FOOD BUCKAROO BASH IS THE EITELJORG MUSEUM'S ANNUAL PREMIER FUNDRAISING EVENT IT IS AN EVENING OF WESTERN FUN, MUSIC, FOOD, AND LIVE AUCTIONS AND PRIZES WHICH BENEFIT THE MUSEUMS EDUCATIONAL OUTREACH PROGRAMS, ANNUALLY SERVING MORE THAN 20,000 STUDENTS THE MUSEUM'S AUXILIARY, ADOBE SOCIETY, IS RESPONSIBLE FOR THIS EVENT JINGLE RAILS THE GREAT WESTERN ADVENTURE THE MOST DRAMATIC EFFORT AT CAPTIVATING VISITORS' IMAGINATION WAS JINGLE RAILS THE GREAT WESTERN ADVENTURE, A GARDEN (G-SCALE) RAILWAY LIKE NO OTHER IN INDIANAPOLIS PAUL BUSSE AND HIS COMPANY, APPLIED IMAGINATION, CREATED AN ENVIRONMENT MADE ENTIRELY OF NATURAL MATERIALS GOURDS, TWIGS, MOSSES, LEAVES, BARK AND OTHER MATERIALS THIS PROJECT WAS THE PERFECT MARRIAGE OF MISSION AND APPEAL THE STORY OF THE RAILROAD IN AMERICA IS INTEGRAL TO THE SETTLEMENT OF THE WEST JINGLE RAILS TOOK GUESTS ON A FANCIFUL JOURNEY FROM INDIANAPOLIS TO POPULAR WESTERN DESTINATIONS IN THE UNITED STATES INDIANAPOLIS WAS THE LAST CITY TO HOST A BUSSE HOLIDAY GARDEN RAILWAY, PUTTING IT IN THE ELITE COMPANY OF MAJOR AMERICAN CITIES SUCH AS NEW YORK CITY, CHICAGO, ATLANTA AND WASHINGTON D C - WHICH REPORT 7,000 - 8,000 VISITORS TO THE RAILROADS DAILY JINGLE RAILS PROGRAMMING TIED INTO THE OVERALL HOLIDAY THEME FEATURING WORKSHOPS ON CONSTRUCTING BUILDINGS AND OTHER HOLIDAY DECORATIONS OUT OF NATURAL MATERIALS WITH ONE OF THE ARTISTS FROM APPLIED IMAGINATION COWBOY SANTA WAS AT THE EITELJORG FOR A BREAKFAST THANKSGIVING WEEKEND AND ADDITIONAL VISITS IN DECEMBER AND WINTER MARKET AND LAS POSADAS ROUNDED OUT THE HOLIDAY OFFERINGS

4c (Code) (Expenses $ 714,880 including grants of $) (Revenue $)

PUBLIC PROGRAMSTHE EITELJORG MUSEUM HAS MANY EDUCATIONAL AND PUBLIC PROGRAMS INCLUDING ARTISTS IN RESIDENCE (AIR) WHICH ARE VISUAL AND PERFORMING NATIVE ARTISTS, STORYTELLERS AND TRADITIONAL CULTURE BEARERS FROM ACROSS THE UNITED STATES AND CANADA THEIR MONTH- AND WEEK-LONG RESIDENCIES ARE SPENT ON-SITE AND IN THE COMMUNITY AND TIE IN TO PUBLIC PROGRAMS AND SPECIAL EVENTS INCLUDING INDIAN MARKET & FESTIVAL, WESTFEST, WOMEN IN ART MARKET, WINTER MARKET, KAYA DAY, BEAD BONANZA, GARDEN DAY, NAVAJO DAY, MIAMI DAY, DELAWARE DAY, NATIVE AMERICAN DRUM CIRCLE, LAS POSADAS, AND INDIANAPOLIS' CANAL FAMILY FEST ARTISTS IN RESIDENCE COMBINED WITH OUTREACH, MULTIMEDIA COMPONENTS AND TRANSPORTATION AND MUSEUM VISITS COMPOSE THE EITELJORG ARTISTS ENGAGING COMMUNITY (EAEC) PROGRAM, IN WHICH CULTURALLY-DIVERSE NATIVE AMERICAN ARTISTS GO BEYOND THE WALLS OF THE MUSEUM, TAKING ARTISTS IN RESIDENCE PROGRAMS TO UNDERSERVED AUDIENCES IN CENTRAL INDIANA THIS PROGRAM IS PARTNERSHIPS BETWEEN THE MUSEUM AND COMMUNITY-BASED ORGANIZATIONS THAT SERVE STRUGGLING NEIGHBORHOODS PARTNERS INCLUDE INDIANAPOLIS PUBLIC SCHOOLS, SCHOOLS, COMMUNITY ORGANIZATIONS, COMMUNITY CENTERS, AND CLUBS

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

IN THE MUSEUM OPERATIONS AREA, WE NOT ONLY MAINTAIN THE OVERALL FACILITY FOR PUBLIC VIEWING OF RENOWNED ART COLLECTIONS BUT ALSO PROVIDE A WORLD-CLASS GIFT SHOP FOR VISITORS TO PURCHASE ART OR MEMENTOS FROM THEIR VISIT

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 7,148,804

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16	Yes	
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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	103		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOHN VANAUSDALL
500 W WASHINGTON ST
INDIANAPOLIS, IN 46204
(317) 636-9378

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								631,284	0	61,561

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
G4S SECURE SOLUTIONS USA INC PO BOX 277469 ATLANTA, GA 30384	SECURITY	352,409
APPLIED IMAGINATION 661 POPLAR THICKET ROAD ALEXANDRA, KY 41001	DESIGN AND CONSTRUCTION	193,795
SECOND STORY INC 714 N FREMONT ST PORTLAND, OR 97227	DESIGN, DEVELOPMENT AND EXHIBIT DESIGN	179,002
VINE AND TABLE GOURMET MARKET 313 E CARMEL DRIVE CARMEL, IN 46032	CATERING	140,169
GREGORY & APPEL INSURANCE 1402 N CAPITOL SUITE 400 INDIANAPOLIS, IN 46202	INSURANCE BROKER	120,355

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	167,513			
	c	Fundraising events	1c	232,850			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,968,839			
	g	Noncash contributions included in lines 1a-1f $ 121,847					
	h	**Total.** Add lines 1a-1f		4,369,202			
Program Service Revenue			Business Code				
	2a	ADMISSIONS AND TOURS	900099	363,968	363,968		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		363,968			
	3	Investment income (including dividends, interest and other similar amounts)		1,362,682			1,362,682
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	288,230				
	b	Less rental expenses	45,924				
	c	Rental income or (loss)	242,306				
	d	Net rental income or (loss)		242,306			242,306
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	20,248,004				
	b	Less cost or other basis and sales expenses	19,597,817				
	c	Gain or (loss)	650,187				
	d	Net gain or (loss)		650,187			650,187
Other Revenue	8a	Gross income from fundraising events (not including $ 232,850 of contributions reported on line 1c) See Part IV, line 18	a 467,666				
	b	Less direct expenses	b 459,665				
	c	Net income or (loss) from fundraising events		8,001			8,001
	9a	Gross income from gaming activities See Part IV, line 19	a 6,870				
	b	Less direct expenses	b 6,854				
	c	Net income or (loss) from gaming activities		16			16
	10a	Gross sales of inventory, less returns and allowances	a 504,216				
	b	Less cost of goods sold	b 248,758				
	c	Net income or (loss) from sales of inventory		255,458	255,458		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	561000	191,560	191,560		
	b	GAIN FROM PARTNERSHIP	532000	5,089		5,089	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		196,649			
	12	**Total revenue.** See Instructions		7,448,469	810,986	5,089	2,263,192

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	77,000	77,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	50,000	50,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	692,845	125,201	262,753	304,891
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	2,153,729	1,563,436	379,236	211,057
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	321,320	239,833	51,469	30,018
10	Payroll taxes	223,987	130,878	51,141	41,968
11	Fees for services (non-employees)				
a	Management				
b	Legal	41,611		41,611	
c	Accounting	34,250		34,250	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	114,508		108,433	6,075
g	Other	47,529	23,706	23,823	
12	Advertising and promotion	112,929	14,153	98,776	
13	Office expenses	85,437	13,261	60,417	11,759
14	Information technology				
15	Royalties . .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	415,474	394,701	20,773	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,529,468	1,493,003	36,465	
23	Insurance	114,014	112,192	1,822	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EXHIBIT EXPENSES	890,368	890,368		
b	EVENTS AND PROGRAMS	462,712	340,215	114,393	8,104
c	SECURITY	364,586	364,586		
d	UTILITIES	312,983	286,462	26,521	
e					
f	All other expenses	1,271,272	1,029,809	206,158	35,305
25	**Total functional expenses.** Add lines 1 through 24f	9,316,022	7,148,804	1,518,041	649,177
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		52,684	1	68,642
	2	Savings and temporary cash investments		1,219,986	2	811,876
	3	Pledges and grants receivable, net		2,902,343	3	1,955,462
	4	Accounts receivable, net		6,388	4	12,479
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		282,662	8	249,641
	9	Prepaid expenses and deferred charges		231,099	9	167,866
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 43,977,259			
	b	Less accumulated depreciation	10b 18,694,556	26,287,479	10c	25,282,703
	11	Investments—publicly traded securities		34,636,119	11	33,219,030
	12	Investments—other securities See Part IV, line 11		867,227	12	717,488
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		641,308	15	771,678
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		67,127,295	16	63,256,865
Liabilities	17	Accounts payable and accrued expenses		476,778	17	546,965
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20,600,000	20	20,600,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,433,069	25	1,870,284
	26	**Total liabilities.** Add lines 17 through 25		22,509,847	26	23,017,249
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		37,473,624	27	34,219,396
	28	Temporarily restricted net assets		6,765,258	28	5,386,654
	29	Permanently restricted net assets		378,566	29	633,566
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		44,617,448	33	40,239,616
	34	Total liabilities and net assets/fund balances		67,127,295	34	63,256,865

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	7,448,469
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,316,022
3	Revenue less expenses Subtract line 2 from line 1	3	-1,867,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	44,617,448
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,510,279
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40,239,616

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,261,266	3,809,484	4,594,792	5,849,311	4,369,202	22,884,055
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,261,266	3,809,484	4,594,792	5,849,311	4,369,202	22,884,055
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,512,515
6 **Public Support.** Subtract line 5 from line 4						16,371,540

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,261,266	3,809,484	4,594,792	5,849,311	4,369,202	22,884,055
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,372,078	1,947,343	1,538,315	1,394,133	1,650,912	8,902,781
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,695	48,714		34,404	5,089	91,902
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	68,526	28,289	289,945	142,439	191,560	720,759
11 **Total support** (Add lines 7 through 10)						32,599,497

12 Gross receipts from related activities, etc (See instructions)	12	6,222,028

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	50 220 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	15,169,308	14,300,039	12,360,705	18,076,583	
b Contributions	255,000	200,000	10,000	30,044	
c Investment earnings or losses	-160,025	1,495,861	2,787,682	-4,915,782	
d Grants or scholarships					
e Other expenditures for facilities and programs	735,360	791,943	828,641	789,158	
f Administrative expenses	36,922	34,649	29,707	40,982	
g End of year balance	14,492,001	15,169,308	14,300,039	12,360,705	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 96 000 %
- b Permanent endowment ▶ 4 000 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		41,754,696	16,598,528	25,156,168
c Leasehold improvements				
d Equipment		2,222,563	2,096,028	126,535
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				25,282,703

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST RATE SWAP LIABILITY	1,870,284
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,870,284

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,448,469
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,316,022
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,867,553
4	Net unrealized gains (losses) on investments	4	-2,227,401
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-282,878
9	Total adjustments (net) Add lines 4 - 8	9	-2,510,279
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,377,832

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

1	Total revenue, gains, and other support per audited financial statements			1	6,077,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,227,401		
b	Donated services and use of facilities	2b	49,172		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	920,627		
e	Add lines **2a** through **2d**			2e	-1,257,602
3	Subtract line **2e** from line **1**			3	7,334,947
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,433		
b	Other (Describe in Part XIV)	4b	5,089		
c	Add lines **4a** and **4b**			4c	113,522
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,448,469

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,455,177
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	49,172		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,198,416		
e	Add lines **2a** through **2d**			2e	1,247,588
3	Subtract line **2e** from line **1**			3	9,207,589
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,433		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	108,433
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,316,022

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 1A	ART COLLECTION THE MUSEUM COLLECTS WORKS OF ART REPRESENTING ALL PERIODS OF THE AMERICAN INDIAN AND WESTERN CULTURES IT PRESERVES, COLLECTS AND INTERPRETS THIS MATERIAL THROUGH CURATORIAL RESEARCH AND EDUCATIONAL OUTREACH COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES THE VALUE OF ART OBJECTS ACQUIRED BY GIFT, FOR WHICH THE MUSEUM HAS MADE A REASONABLE ESTIMATE, WAS $330,375 IN 2011 AND $464,805 IN 2010 STANDARD MUSEUM PROCEDURES ARE USED IN ACCESSIONING, DEACCESSIONING, CATALOGING AND MANAGING ART OBJECTS THE MUSEUM PROVIDES A CLEAN, SAFE AND STABLE STORAGE ENVIRONMENT FOR ITS PERMANENT COLLECTIONS THERE WERE NO SIGNIFICANT DEACCESSIONS DURING 2011 AND 2010
	PART III, LINE 4	THE EITELJORG MUSEUM CLEARLY FOCUSES UPON ITS MISSION ALL WORKS OF ART AND OBJECTS IN THE COLLECTION ARE STRICTLY RELEVANT TO THE AMERICAN WEST AND NATIVE PEOPLES OF NORTH AMERICA ALL COLLECTION ITEMS ARE VIEWED AS A RESOURCE IN THE FULFILLMENT OF THE INSTITUTIONAL MISSION AND FOR THE ENLIGHTENMENT AND ENJOYMENT OF THE PUBLIC SERVED BY THE MUSEUM PAINTINGS, SCULPTURES, PRINTS, PHOTOGRAPHS, NATIVE AMERICAN ARTIFACTS OF ALL KINDS, ARE ALL UTILIZED OR AVAILABLE FOR USE IN EDUCATIONAL EXHIBITS AT THE MUSEUM AND THROUGH LOAN TO OTHER QUALIFIED MUSEUMS OBJECTS ARE STUDIED BY STUDENTS FROM GRADE SCHOOL TO GRADUATE SCHOOL AND ARE THEREFORE INCLUDED THROUGH IMAGES AND WRITING IN CLASS PROJECTS, ARTICLES, AND BOOKS STUDENTS, TEACHERS, RESEARCHERS, PUBLISHERS, AND OTHERS, ALONG WITH THE STAFF, ARE ENCOURAGED TO UTILIZE THE COLLECTION THROUGH SUPERVISED EXAMINATION AND ACCESS TO THE COLLECTION DATABASE AND DIGITAL IMAGES ABOVE ALL, NATIVE CULTURES, FROM WHICH ARTIFACTS CAME, ARE GIVEN SPECIAL ACCESS FOR CULTURAL, SPIRITUAL, AND EDUCATIONAL REASONS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USED OF THE MUSEUM'S ENDOWMENT FUNDS ARE TO SUPPORT OPERATIONS FROM NOW INTO THE FUTURE THE MUSEUM HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS TO SATISFY ITS LONG-RANGE-RATE-OF-RETURN OBJECTIVES, THE MUSEUM RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION AND CURRENT YIELD
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS IN ADDITION, THE MUSEUM HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS INCOME TAX EXPENSE RELATED TO AN INVESTMENT IN A LIMITED PARTNERSHIP WAS APPROXIMATELY $1,000 FOR 2011 AND APPROXIMATELY $5,000 FOR 2010 THE MUSEUM FILES TAX RETURNS IN THE U S FEDERAL JURISDICTION AND IN THE STATE OF INDIANA THE MUSEUM IS NO LONGER SUBJECT TO U S FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF CHARITABLE TRUSTS 159,426 DIFFERENCE IN BOOK AND TAX INCOME ON PARTNERSHIP -5,089 CHANGE IN INTEREST RATE SWAP -437,215 TOTAL TO SCHEDULE D, PART XI, LINE 8 -282,878
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF INVENTORY SOLD 248,758 SPECIAL EVENT EXPENSES 466,519 RENT EXPENSES 45,924 CHANGE IN VALUE OF CHARITABLE TRUSTS 159,426
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN FROM INVESTMENT PARTNERSHIP 5,089
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF INVENTORY SOLD 248,758 SPECIAL EVENT EXPENSES 466,519 RENT EXPENSES 45,924 CHANGE IN INTEREST RATE SWAP 437,215

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN CANADA		50,000
3a Sub-total	0	0			50,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			50,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP AWARDED TO CONTEMPORARY FINE ARTISTS	NORTH AMERICA	2	50,000	CHECK			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 EITELJORG FELLOWSHIP FOR NATIVE AMERICAN FINE ART IS A BIENNIAL PROGRAM, DEVELOPED BY THE MUSEUM IN CONSULTATION WITH ITS BOARD AND ITS NATIVE AMERICAN COUNCIL THE FELLOWSHIPS ARE AWARDED TO CONTEMPORARY FINE ARTISTS SELECTED BY AN INDEPENDENT JURY, WHOSE ACHIEVEMENTS WARRANT MERITORIOUS RECOGNITION EACH OF THE FELLOWS RECEIVES AN UNRESTRICTED HONORARIUM

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS
AND WESTERN ART INC

Employer identification number
31-1139447

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 QUEST (event type)	(b) Event #2 BUCKAROO BASH (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	388,831	162,798	148,887	700,516
	2 Less Charitable contributions	110,750	67,750	54,350	232,850
	3 Gross income (line 1 minus line 2)	278,081	95,048	94,537	467,666
Direct Expenses	4 Cash prizes	7,000		17,800	24,800
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	205,659	89,409	139,797	434,865
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(459,665)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				8,001

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FELLOWSHIP - UNRESTRICTED HONORARIUM TO FACILITATE THE RECIPIENTS CONTINUED GROWTH AS A CREATIVE ARTISTS	4	77,000	0	CASH	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 EITELJORG FELLOWSHIP FOR NATIVE AMERICAN FINE ART IS A BIENNIAL PROGRAM, DEVELOPED BY THE MUSEUM IN CONSULTATION WITH ITS BOARD AND ITS NATIVE AMERICAN COUNCIL THE FELLOWSHIPS ARE AWARDED TO CONTEMPORARY FINE ARTISTS SELECTED BY AN INDEPENDENT JURY, WHOSE ACHIEVEMENTS WARRANT MERITORIUS RECOGNITION EACH OF THE FELLOWS RECEIVES AN UNRESTRICTED HONORARIUM

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN VANAUSDALL	(i)	257,214	0	383	14,113	12,307	284,017	0
	(ii)	0	0	0	0	0	0	0
(2) SUZANNE MAXWELL	(i)	157,361	0	0	4,721	801	162,883	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SOCIAL CLUB MEMBERSHIP AND MEALS ARE USED FOR DONOR CULTIVATION ANY PERSONAL MEALS ARE NOT PAID FOR BY THE MUSEUM

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA DEVELOPMENT FINANCE AUTHORITY	35-1602316		02-01-2004	20,600,000	FINANCE RENOVATION/EXPANSION OF FACILITIES, EXHIBITION AND COLLECTIONS, ETC		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	20,600,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	254,522			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	19,946,454			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	JPMORGAN CHASE							
c	Term of hedge	12 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	118		REVENUE NOT RECOGNIZED
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	X	21	99,909	MEAN ON TRANSFER DATE
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	X	3	3,550	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (STORAGE RENTAL)	X	1	12,000	FAIR MARKET VALUE
26	Other ▸ (OTHER)	X	1	6,388	FAIR MARKET VALUE
27	Other ▸ ( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 2

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	PART I, LINE 33	THE MUSEUM COLLECTS WORKS OF ART REPRESENTING ALL PERIODS OF THE AMERICAN INDIAN AND WESTERN CULTURES COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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Name of the organization
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Employer identification number
31-1139447

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	STAN HURT IS THE SPOUSE OF SANDY HURT
	FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES OF INCORPORATION AND BYLAWS WERE RESTATED TO REFLECT THE ORGANIZATION'S CHANGE FROM A SUPPORTING ORGANIZATION DESCRIBED IN IRC 509(A)(3) TO A PUBLICLY SUPPORTED CHARITY DESCRIBED IN 509(A)(1) AND 170(B)(1)(A)(VI)
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 WAS REVIEWED BY THE CFO, THE CEO AND THE TREASURER PRIOR TO A REVIEW BY THE AUDIT AND FINANCE COMMITTEES A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, OFFICERS, AND KEY EMPLOYEES COMPLETE ANNUALLY (OR AS OTHERWISE REQUESTED) A DISCLOSURE STATEMENT REGARDING ANY CONFLICT OF INTEREST DESCRIBED IN THE POLICY ANY CHANGES ARE REPORTED PROMPTLY TO THE CEO OR BOARD CHAIR THE CFO SUMMARIZES ANY CONFLICTS OR POTENTIAL CONFLICTS TO THE CEO AND THE BOARD CHAIR
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS AND APPROVES THE SALARIES FOR THE CEO AND THE CFO THE EXECUTIVE COMMITTEE REVIEWS CURRENT MARKET DATA FROM THE ASSOCIATION OF ART MUSEUM DIRECTORS SALARY SURVEY THAT IS DONE ON A YEARLY BASIS DATA IS COMPILED FROM THIS REPORT FOR OUR REGION OF THE COUNTY, OUR OPERATING BUDGET AND THE SIZE OF OUR CITY OTHER SURVEYS AVAILABLE SUCH AS THE ASSOCIATION OF MIDWEST MUSEUMS OTHER SOURCES THE CEO'S SALARY IS DETERMINED BY A CONTRACT THAT IS PREPARED BY LEGAL COUNSEL AFTER NEGOTIATIONS BETWEEN THE PRESIDENT AND A SUB-SET OF BOARD MEMBERS LED BY THE CHAIRMAN THE CONTRACT IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE THE FULL BOARD OF DIRECTORS IS INFORMED ABOUT THE CONTRACT DATA OBTAINED FROM THE FOLLOWING SOURCES IS REVIEWED TO DETERMINE THAT SALARY THE ASSOCIATION OF ART MUSEUM DIRECTORS SALARY SURVEY THAT IS DONE ON A YEARLY BASIS DATA IS COMPILED FROM THIS REPORT FOR OUR REGION OF THE COUNTY, OUR OPERATING BUDGET AND THE SIZE OF OUR CITY OTHER SURVEYS AVAILABLE SUCH AS THE ASSOCIATION OF MIDWEST MUSEUMS OTHER SOURCES THE CEO'S BONUS UNDER THE CURRENT CONTRACT IS DETERMINED BASED ON PRE-ESTABLISHED INDICATORS THE BONUS IS REVIEWED BY AND APPROVED BY THE CHAIRMAN OF THE BOARD AND THEN APPROVED BY THE EXECUTIVE COMMITTEE. THE APPROVAL OF THESE SALARIES IS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE.
	FORM 990, PART VI, SECTION C, LINE 18	DOCUMENTS ARE AVAILABLE UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	REPAIRS AND MAINTENANCE PROGRAM SERVICE EXPENSES 305,739 MANAGEMENT AND GENERAL EXPENSES 4,441 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 310,180 ART COLLECTION PROGRAM SERVICE EXPENSES 245,025 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 245,025 ANNUAL BOND FEES PROGRAM SERVICE EXPENSES 197,344 MANAGEMENT AND GENERAL EXPENSES 10,387 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 207,731 MISCELLANEOUS PROGRAM SERVICE EXPENSES 104,851 MANAGEMENT AND GENERAL EXPENSES 70,368 FUNDRAISING EXPENSES 19,918 TOTAL EXPENSES 195,137 MUSEUM STORE PROGRAM SERVICE EXPENSES 84,565 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 84,565 TOURISM AND TOUR PROGRAMS PROGRAM SERVICE EXPENSES 13,918 MANAGEMENT AND GENERAL EXPENSES 65,351 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 79,269 ARTIST IN RESIDENCE PROGRAM SERVICE EXPENSES 64,009 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 64,009 NEWSLETTER PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 28,819 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 28,819 BANK CHARGES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 21,289 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,289 UNCOLLECTED PLEDGES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 11,000 TOTAL EXPENSES 11,000 AWARDS PROGRAM SERVICE EXPENSES 594 MANAGEMENT AND GENERAL EXPENSES 5,011 FUNDRAISING EXPENSES 4,387 TOTAL EXPENSES 9,992 AMORTIZATION OF DEFERRED FINANCE COSTS PROGRAM SERVICE EXPENSES 9,348 MANAGEMENT AND GENERAL EXPENSES 492 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,840 OTHER PAYROLL COSTS PROGRAM SERVICE EXPENSES 4,416 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,416
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,227,401 CHANGE IN VALUE OF CHARITABLE TRUSTS 159,426 DIFFERENCE IN BOOK AND TAX INCOME ON PARTNERSHIP -5,089 CHANGE IN INTEREST RATE SWAP -437,215 TOTAL TO FORM 990, PART XI, LINE 5 -2,510,279
CHANGES IN AUDIT OVERSIGHT	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR

Additional Data

Software ID:

Software Version:

EIN: 31-1139447

Name: EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

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

IN THE MUSEUM OPERATIONS AREA, WE NOT ONLY MAINTAIN THE OVERALL FACILITY FOR PUBLIC VIEWING OF RENOWNED ART COLLECTIONS BUT ALSO PROVIDE A WORLD-CLASS GIFT SHOP FOR VISITORS TO PURCHASE ART OR MEMENTOS FROM THEIR VISIT

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
EDWARD M COCKERILL MD BOARD MEMBER	50	X						0	0	0
GAYLE COX PHD SECRETARY	50	X		X				0	0	0
ROGER S EITELJORG BOARD MEMBER	50	X						0	0	0
RICHARD FELDMAN MD BOARD MEMBER	50	X						0	0	0
FRITZ R GORDNER BOARD MEMBER	50	X						0	0	0
BETSEY HARVEY BOARD MEMBER	50	X						0	0	0
POLLY HORTON HIX BOARD MEMBER	50	X						0	0	0
CINDY HOYE BOARD MEMBER	50	X						0	0	0
S MICHAEL HUDSON BOARD MEMBER	50	X						0	0	0
CHRIS KATTERJOHN CHAIRMAN	1 50	X		X				0	0	0
CARL LAVONCHER BOARD MEMBER	50	X						0	0	0
JAMES T MORRIS BOARD MEMBER	50	X						0	0	0
GERALD PAUL BOARD MEMBER	50	X						0	0	0
ALEXANDER G PEACOCK BOARD MEMBER	50	X						0	0	0
MEL PERELMAN PHD BOARD MEMBER	50	X						0	0	0
BONNIE A REILLY BOARD MEMBER	50	X						0	0	0
STEPHEN RUSSELL BOARD MEMBER	50	X						0	0	0
AH HUTCH SCHUMAKER II BOARD MEMBER	50	X						0	0	0
JOAN SERVAAS BOARD MEMBER	50	X						0	0	0
J ALBERT SMITH JR BOARD MEMBER	50	X						0	0	0
EDWARD A WEST VICE CHAIRMAN	50	X		X				0	0	0
TIMOTHY T WRIGHT BOARD MEMBER	50	X						0	0	0
C DANIEL YATES BOARD MEMBER	50	X						0	0	0
LG EDWARDS BOARD MEMBER	50	X						0	0	0
SANDY HURT BOARD MEMBER	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PAT ANKER BOARD MEMBER	50	X						0	0	0
FRANK BASILE BOARD MEMBER	50	X						0	0	0
CATHY TURNER BOARD MEMBER	50	X						0	0	0
TIM GARNETT BOARD MEMBER	50	X						0	0	0
KATHERINE ANDERSON HANSEN BOARD MEMBER	50	X						0	0	0
STAN HURT BOARD MEMBER	50	X						0	0	0
SUE A BACK TREASURER	1 00	X		X				0	0	0
JOHN VANAUSDALL PRESIDENT & CEO	55 00			X				257,597	0	26,420
SUSAN LEWIS VP OF ADMINISTRATION & CFO	55 00			X				108,151	0	12,593
JAMES NOTTAGE VICE PRESIDENT AND CHIEF CURATORIAL OFFICER	50 00			X				108,175	0	17,026
SUZANNE MAXWELL VP OF DEVELOPMENT	55 00				X			157,361	0	5,522