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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46204

D Employer identification number
31-1139447

E Telephone number
(317) 636-9378

G Gross receipts $ 29,646,545

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

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

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

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

Activities & Governance

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	77
6	Total number of volunteers (estimate if necessary)	6	430
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,314,717	4,708,331
	9	Program service revenue (Part VIII, line 2g)	410,486	490,751
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,775,692	1,976,752
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	541,452	685,642
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,042,347	7,861,476
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	125,000
	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)	3,411,312	3,503,676
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶490,129		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,233,793	5,277,283
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,645,105	8,905,959
	19	Revenue less expenses Subtract line 18 from line 12	1,397,242	-1,044,483

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	66,868,422	68,300,672
	21	Total liabilities (Part X, line 26)	23,027,935	22,314,240
	22	Net assets or fund balances Subtract line 21 from line 20	43,840,487	45,986,432

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

****** | 2014-11-11
Signature of officer | Date

JOHN VANAUSDALL PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SCOTT A SCHUSTER		2014-11-10		P00019243

Firm's name ▶ KSM BUSINESS SERVICES INC | Firm's EIN ▶ 35-2123203

Firm's address ▶ PO BOX 40857 INDIANAPOLIS, IN 462400857 | 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 or note to any line 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 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 $ 6,356,288 including grants of $ 125,000) (Revenue $)

EXHIBITIONS 2013 EXHIBITIONS GUITARS! ROUNDUPS TO ROCKERS (MARCH, 2013 - AUGUST, 2013) FOCUSED ON GUITARS IN THE WEST FROM THE LATE 18TH CENTURY TO THE PRESENT IT LOOKED AT THE DIVERSITY OF INSTRUMENTS, MUSICAL STYLES AND GENRES JIMI HENDRIX, ROY ROGERS, CARLOS SANTANA, THE VENTURES, AND HUNDREDS MORE, WERE REPRESENTED IN SPRING 2013, 14 IMAGES BY CREE PHOTOGRAPHER RICHARD THROSSEL (1882-1933) WERE FEATURED IN THE PULLIAM GALLERY OF PHOTOGRAPHY THROSSEL SPENT A SIGNIFICANT PORTION OF HIS CAREER ON THE CROW RESERVATION IN MONTANA IN THE EARLY PART OF THE 20TH CENTURY HE STUDIED PAINTING WITH ARTIST JOSEPH SHARP, AND PHOTOGRAPHY WITH EDWARD CURTIS THIS EXHIBITION WAS DRAWN FROM A COLLECTION THAT WAS A RECENT GIFT TO THE EITELJORG THE EIGHTH ANNUAL QUEST FOR THE WEST (SEPTEMBER - OCTOBER, 2013) FEATURED WORK BY SOME OF THE BEST LIVING WESTERN REALISTS IN THE COUNTRY MOST OF THE PARTICIPATING ARTISTS CAME TO THE SALE AND WEEKEND QUEST ACTIVITIES, WHICH INCLUDED LECTURES, ARTIST PANELS, ARTIST DEMONSTRATIONS, AND OTHER ACTIVITIES THE EITELJORG'S WESTERN ART SOCIETY WORKED CLOSELY WITH ARTISTS AND STAFF TO KEEP THE PROGRAM APPEALING TO PATRONS THE COMPANION EXHIBITION, QUEST ARTIST OF DISTINCTION, (SEPTEMBER - NOVEMBER, 2013) WAS PRESENTED IN THE PAUL GALLERY, AND IT FEATURED A ONE-PERSON EXHIBITION OF AN ARTIST OF DISTINCTION FROM THE PREVIOUS YEAR'S QUEST IN 2013, SCULPTOR JOHN COLEMAN WAS THE ARTIST OF DISTINCTION THESE POPULAR EXHIBITIONS APPEAL TO SUPPORTERS, ARE GREAT FOR CONNECTING WITH COLLECTORS NATIONWIDE AND INCREASING QUEST REGISTRATION THE EITELJORG CONTEMPORARY ART FELLOWSHIP (NOVEMBER, 2013 - JANUARY, 2014, ESTABLISHED IN 2001) HAS RECEIVED NATIONAL RECOGNITION AND IS THE OLDEST, LARGEST AND MOST DISTINCTIVE PROGRAM OF ITS KIND ACTIVELY ENGAGING CONTEMPORARY NATIVE AMERICAN ARTISTS, SUPPORTING THEIR PROFESSIONAL DEVELOPMENT, AND HELPING THEIR WORK TO BE EMBRACED BY THE LARGER WORLD OF FINE ARTS THE FELLOWSHIP AWARDS GIFTS TO FIVE ARTISTS TO FURTHER DEVELOP THEIR ARTISTIC CAREERS AT THE END OF EACH BIENNIAL, THE MUSEUM HOSTS AN EXHIBITION OF THE FELLOWS' WORK, PUBLISHES A CATALOG AND PURCHASES ART FROM EACH ARTIST FOR ITS PERMANENT COLLECTION, WHICH IS CONSIDERED THE PREEMINENT COLLECTION OF CONTEMPORARY NATIVE ART IN THE WORLD

4b (Code) (Expenses $ 67,620 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 THEY 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, 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 THE ARTISTS-IN-RESIDENCE PROGRAMS TO UNDERSERVED AUDIENCES IN CENTRAL INDIANA THIS PROGRAM IS A PARTNERSHIP BETWEEN THE MUSEUM AND COMMUNITY-BASED ORGANIZATIONS THAT SERVE STRUGGLING NEIGHBORHOODS PARTNERS INCLUDE INDIANAPOLIS PUBLIC SCHOOLS, OTHER SCHOOLS, COMMUNITY ORGANIZATIONS, COMMUNITY CENTERS AND CLUBS

4c (Code) (Expenses $ 338,101 including grants of $) (Revenue $)

FESTIVALS AND EVENTS THE EITELJORG MUSEUM DOES SEVERAL FESTIVALS AND EVENTS 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 MUSEUM'S EDUCATIONAL OUTREACH PROGRAMS, ANNUALLY SERVING MORE THAN 20,000 STUDENTS THE MUSEUM'S AUXILIARY, ADOBE SOCIETY, IS RESPONSIBLE FOR THIS EVENT INDIAN MARKET - THE TWO-DAY INDIAN MARKET AND FESTIVAL (JUNE 22-24, 2013), THE EITELJORG'S LARGEST PUBLIC EVENT, FEATURED JURIED ART FOR SALE BY THE TOP NATIVE AMERICAN ARTISTS AND STORYTELLERS, MUSICIANS, DANCERS, FOODS, ACTIVITIES AND DEMONSTRATIONS, EXPANDING ITS APPEAL BEYOND COLLECTORS 2013'S IM&F FEATURED SHELLEY MORNINGSONG (MUSICIAN) AND HER HUSBAND, FABIAN FONTENELLE, WORLD RENOWNED MEN'S NORTHERN TRADITIONAL DANCER, STORYTELLER AND HISTORIAN, TWIN RIVERS (MUSICIANS ADRIAN WALL (JEMEZ PUEBLO) AND ED KABOTIE (HOPI/TEWA), A PUEBLO DANCE GROUP, FRED SHAW (SHAWNEE), STORYTELLER, JESSICA DIEMER EATON, DELAWARE LIVING HISTORY VILLAGE JINGLE RAILS IS A TRAIN INSTALLATION LIKE NO OTHER IT IS MADE ENTIRELY OF NATURAL MATERIALS (GOURDS, TWIGS, ROOTS, BARK, MOSS) IT TAKES GUESTS ON A FANCIFUL RIDE FROM INDIANAPOLIS TO POPULAR WESTERN DESTINATIONS "AWESOME" IS THE NUMBER ONE VISITOR COMMENT, "WE'LL BE BACK," IS THE SECOND

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 6,762,009

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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, line 10? *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	Yes	
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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	77		
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**	77		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**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 as charitable contributions?	**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**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
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.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the 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 or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 34			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 34			
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		No
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 this 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 ☐ Other (explain in Schedule O)

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

20 State the name, 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 or note to any line in this Part VII . . . .

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . ▶			
d	**Total (add lines 1b and 1c)** . . . ▶	598,925	0	79,513

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 ▶3

			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	391,128
GREGORY & APPEL INSURANCE 1402 N CAPITOL SUITE 400 INDIANAPOLIS IN 46202	INSURANCE BROKER	180,437
VINE AND TABLE GOURMET MARKET 313 E CARMEL DRIVE CARMEL IN 46032	CATERING	115,256
FA WILHELM CONSTRUCTIONS 3914 PROSPECT STREET INDIANAPOLIS IN 46203	CONSTRUCTION SERVICES	110,979

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 ▶4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b 178,192				
	c	Fundraising events	1c 343,168				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,186,971				
	g	Noncash contributions included in lines 1a-1f $	326,687				
	h	**Total.** Add lines 1a-1f . . . . ▶		4,708,331			
Program Service Revenue			Business Code				
	2a	ADMISSIONS AND TOURS	900099	490,751	490,751		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		490,751			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		1,194,834			1,194,834
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 284,079				
	b	Less rental expenses	(i) 62,003				
	c	Rental income or (loss)	(i) 222,076				
	d	Net rental income or (loss) . . . . ▶		222,076			222,076
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 21,777,060				
	b	Less cost or other basis and sales expenses	(i) 20,995,142				
	c	Gain or (loss)	(i) 781,918				
	d	Net gain or (loss) . . . . ▶		781,918			781,918
	8a	Gross income from fundraising events (not including $ 343,168 of contributions reported on line 1c) See Part IV, line 18 . .	a 401,178				
	b	Less direct expenses . . .	b 440,692				
	c	Net income or (loss) from fundraising events . . ▶		-39,514			-39,514
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a 570,677				
	b	Less cost of goods sold . .	b 287,232				
	c	Net income or (loss) from sales of inventory . . ▶		283,445	283,445		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	561000	219,635	219,635		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶		219,635			
	12	**Total revenue.** See Instructions . . . . . ▶		7,861,476	993,831	0	2,159,314

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	75,000	75,000		
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	678,438	118,195	376,706	183,537
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	2,282,159	1,632,046	453,513	196,600
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	335,596	254,190	51,063	30,343
10 Payroll taxes	207,483	127,804	52,882	26,797
11 Fees for services (non-employees)				
a Management				
b Legal	18,009		18,009	
c Accounting	35,250		35,250	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	127,146		127,146	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,526	24,011	25,179	5,336
12 Advertising and promotion	64,666	15,486	49,180	
13 Office expenses	75,224	9,129	53,557	12,538
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	402,577	382,448	20,129	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,458,952	1,424,810	34,142	
23 Insurance	123,238	121,179	2,059	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EXHIBIT EXPENSES	876,982	767,369	109,613	
b UTILITIES	442,701	392,082	50,619	
c SECURITY	364,188	364,188		
d REPAIRS AND MAINTENANCE	306,302	301,861	4,441	
e All other expenses	927,522	702,211	190,333	34,978
25 **Total functional expenses.** Add lines 1 through 24e	8,905,959	6,762,009	1,653,821	490,129
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		59,455	1	73,300
	2	Savings and temporary cash investments		2,183,817	2	815,003
	3	Pledges and grants receivable, net		1,499,909	3	1,533,217
	4	Accounts receivable, net		13,241	4	3,559
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		246,015	8	265,997
	9	Prepaid expenses and deferred charges		163,331	9	201,483
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 44,310,651			
	b	Less accumulated depreciation	10b 21,571,075	24,092,902	10c	22,739,576
	11	Investments—publicly traded securities		34,995,775	11	38,060,164
	12	Investments—other securities See Part IV, line 11		2,792,264	12	3,711,611
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		821,713	15	896,762
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		66,868,422	16	68,300,672
Liabilities	17	Accounts payable and accrued expenses		608,481	17	404,511
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,819,454	25	1,309,729
	26	**Total liabilities.** Add lines 17 through 25		23,027,935	26	22,314,240
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		36,926,555	27	38,886,829
	28	Temporarily restricted net assets		5,880,266	28	5,784,090
	29	Permanently restricted net assets		1,033,666	29	1,315,513
		Organizations that do not follow SFAS 117 (ASC 958), 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		43,840,487	33	45,986,432
	34	Total liabilities and net assets/fund balances		66,868,422	34	68,300,672

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,861,476
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,905,959
3	Revenue less expenses Subtract line 2 from line 1	3	-1,044,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,840,487
5	Net unrealized gains (losses) on investments	5	2,589,855
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	600,573
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,986,432

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

Additional Data

Software ID:
Software Version:
EIN: 31-1139447
Name: EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
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
MARY BETH BRAITMAN BOARD MEMBER	50	X						0	0	0
CHRIS KATTERJOHN BOARD MEMBER	50	X						0	0	0
KAREN GLASER 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
FRED GREEN 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 CHAIRMAN	2 00	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
PAT ANKER 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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
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
TOM HOBACK VICE CHAIRMAN	50	X		X				0	0	0
JOHN TIMOTHY BOARD MEMBER	50	X						0	0	0
DON WOODLEY BOARD MEMBER	50	X						0	0	0
JOHN VANAUSDALL PRESIDENT & CEO	55 00			X				225,672	0	30,188
SUSAN LEWIS VP OF ADMINISTRATION & CFO	50 00			X				104,070	0	16,776
JAMES NOTTAGE VICE PRESIDENT AND CHIEF C	50 00			X				93,745	0	24,450
SUZANNE MAXWELL VP OF DEVELOPMENT	55 00				X			175,438	0	8,099

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

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,594,792	5,849,311	4,369,202	7,314,717	4,708,331	26,836,353
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	4,594,792	5,849,311	4,369,202	7,314,717	4,708,331	26,836,353
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)						7,279,991
6 **Public support.** Subtract line 5 from line 4						19,556,362

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,594,792	5,849,311	4,369,202	7,314,717	4,708,331	26,836,353
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,538,315	1,394,133	1,650,912	1,477,744	1,478,913	7,540,017
9 Net income from unrelated business activities, whether or not the business is regularly carried on		34,404	5,089			39,493
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	289,945	142,439	191,560	95,164	219,635	938,743
11 **Total support** (Add lines 7 through 10)						35,354,606

12 Gross receipts from related activities, etc (see instructions) | 12 | 6,436,395

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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 55 310 %

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 52 470 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2009 AMOUNT $ 289,945 2010 AMOUNT $ 142,439 2011 AMOUNT $ 191,560 2012 AMOUNT $ 95,164 2013 AMOUNT $ 219,635

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition
b ☑ Scholarly research
c ☑ Preservation for future generations
d ☑ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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

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

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

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

			Amount
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 XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	15,749,187	14,492,001	15,169,308	14,300,039	12,360,705
b	Contributions	539,865	200,100	255,000	200,000	10,000
c	Net investment earnings, gains, and losses	2,364,580	1,810,027	-160,025	1,495,861	2,787,682
d	Grants or scholarships					
e	Other expenditures for facilities and programs	745,158	714,553	735,360	791,943	828,641
f	Administrative expenses	44,807	38,388	36,922	34,649	29,707
g	End of year balance	17,863,667	15,749,187	14,492,001	15,169,308	14,300,039

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

a Board designated or quasi-endowment ▶ 93 000 %

b Permanent endowment ▶ 7 000 %

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		42,038,320	19,377,678	22,660,642
c Leasehold improvements				
d Equipment		2,272,331	2,193,397	78,934
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				22,739,576

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) MONEY MARKET FUNDS	1,292,152	F
(B) LIMITED PARTNERSHIP	51,022	F
(C) ALERNATIVE INVESTMENTS	2,368,437	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,711,611	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAP LIABILITY	1,309,729
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,309,729

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,246,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,589,855		
b	Donated services and use of facilities	2b	41,448		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	880,775		
e	Add lines **2a** through **2d**			2e	3,512,078
3	Subtract line **2e** from line **1**			3	7,734,330
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	127,146		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	127,146
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	7,861,476

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,100,463
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	41,448		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	789,927		
e	Add lines **2a** through **2d**			2e	831,375
3	Subtract line **2e** from line **1**			3	8,269,088
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	127,146		
b	Other (Describe in Part XIII)	4b	509,725		
c	Add lines **4a** and **4b**			4c	636,871
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,905,959

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART III, LINE 1A	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 $1,849,533 IN 2013 AND $545,820 IN 2012 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 DURING 2013 THERE WERE A SIGNIFICANT NUMBER OF DEACCESSIONS, BUT THERE WERE NOT PROCEEDS FROM SALE DURING 2012, RIBBON CULTURAL OBJECT, REMINGTON FREDERIC SACKRIDER PAINTING AND SCULPTURE, AND HOPI KATSINA CARVING WERE DEACCESSIONED FROM THE COLLECTIONS FOR VARIOUS REASONS THE MUSEUM RECEIVED PROCEEDS FROM THE SALE OF THE REMINGTON FREDERIC SACKRIDER PAINTING AND SCULPTURE AND OTHER ITEMS IN THE AMOUNT OF $211,244 IN 2012
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
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
PART X, LINE 2	THE MUSEUM IS EXEMPT FOR 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 MUSUEM 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 THERE WAS NO UNRELATED BUSINESS INCOME TAX EXPENSE DURING 2013 AND 2012 THE MUSEUM FILES INFORMATION TAX RETURNS IN THE U S FEDERAL JURISDICTION AND THE STATE OF INDIANA THE MUSEUM IS NO LONGER SUBJECT TO US FEDERAL AND STATE INCOME TAX EXAMINATIONS BY THE TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF INVENTORY SOLD 287,232 SPECIAL EVENT EXPENSES 440,692 RENT EXPENSES 62,003 CHANGE IN VALUE OF CHARITABLE TRUSTS 90,848
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF INVENTORY SOLD 287,232 SPECIAL EVENT EXPENSES 440,692 RENT EXPENSES 62,003
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTEREST RATE SWAP INCOME 509,725

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		350,000
(2)	NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN CANADA		50,000
(3)						
(4)						
(5)						
3a	Sub-total	0	0			400,000
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			400,000

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. Part II can be duplicated 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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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. Part III can be duplicated 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)
(1) FELLOWSHIPS AWARDED TO ARTISTS	NORTH AMERICA	2	50,000	CHECK			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

Additional Data

Software ID:
Software Version:
EIN: 31-1139447
Name: EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and email 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

	(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**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	463,676	138,108	142,562	744,346
	2	Less Contributions	145,850	123,760	73,558	343,168
	3	Gross income (line 1 minus line 2)	317,826	14,348	69,004	401,178
Direct Expenses	4	Cash prizes	9,000		22,450	31,450
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	216,051	55,346	137,845	409,242
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(440,692)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				-39,514

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 Subtract line 7 from line 1, 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 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Part II can be duplicated 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. Part III can be duplicated 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) FELLOWSHIPS - UNRESTRICTED HONORARIUM TO FACILITATE THE RECIPIENTS' CONTINUED GROWTH AS CREATIVE ARTISTS	5	75,000		CASH	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ 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**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) 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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)JOHN VANAUSDALL PRESIDENT & CEO	**(i)**	214,789	10,500	383	15,771	14,417	255,860	0
	(ii)	0	0	0	0	0	0	0
(2)SUZANNE MAXWELL VP OF DEVELOPMENT	**(i)**	172,404	0	3,034	5,172	2,927	183,537	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	SOCIAL CLUB MEMBERSHIP AND MEALS ARE USED FOR DONOR CULTIVATION ANY PERSONAL MEALS ARE NOT PAID FOR BY THE MUSEUM
PART I, LINE 4B	457 PLAN FOR PRESIDENT AND CEO JOHN VANAUSDALL

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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 legally defeased				
3	Total proceeds of issue	20,600,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV **Arbitrage**

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Has 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?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	**Explanation**

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	160		REVENUE NOT RECOGNIZED
2 Art—Historical treasures				
3 Art—Fractional interests	X	98		REVENUE NOT RECOGNIZED
4 Books and publications	X		957	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	306,190	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	10	7,845	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	14	11,695	FAIR MARKET VALUE
26 Other ▶(____________)				
27 Other ▶(____________)				
28 Other ▶ (____________)				

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

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

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

Return Reference	Explanation
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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
31-1139447

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STAN HURT IS THE SPOUSE OF SANDY HURT
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 DIS CLOSURE 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 POTEN TIAL 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 MUSEU M DIRECTORS SALARY SURVEY THAT IS DONE ON A YEARLY BASIS DATA IS COMPILED FROM THIS REPOR T FOR OUR REGION OF THE COUNTRY, OUR OPERATING BUDGET AND THE SIZE OF OUR CITY - OTHER SU RVEYS AVAILABLE SUCH AS THE ASSOCIATION OF MIDWEST MUSEUMS - OTHER SOURCES THE CEO'S SALAR Y 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 REVIEWE D AND APPROVED BY THE EXECUTIVE COMMITTEE. THE FULL BOARD OF DIRECTORS IS INFORMED ABOUT T HE 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 COUNTRY, 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-EST ABLISHED INDICATORS THE BONUS IS REVIEWED BY AND APPROVED BY THE CHAIRMAN OF THE BOARD AN D THEN APPROVED BY THE EXECUTIVE COMMITTEE. THE APPROVAL OF THESE SALARIES IS DOCUMENTED I N 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
FORM 990, PART IX, LINE 24E	EVENTS AND PROGRAMS PROGRAM SERVICE EXPENSES 148,170 MANAGEMENT AND GENERAL EXPENSES 17, 222 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 165,392 MISCELLANEOUS PROGRAM SERVICE EXPENS ES 79,145 MANAGEMENT AND GENERAL EXPENSES 53,700 FUNDRAISING EXPENSES 31,036 TOTAL EXPE NSES 163,881 ANNUAL BOND FEES PROGRAM SERVICE EXPENSES 155,396 MANAGEMENT AND GENERAL E XPENSES 8,179 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 163,575 ART COLLECTION PROGRAM SER VICE EXPENSES 146,861 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EX PENSES 146,861 MUSEUM STORE. PROGRAM SERVICE EXPENSES 82,427 MANAGEMENT AND GENERAL EXPE NSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 82,427 ARTIST IN RESIDENCE. PROGRAM SERVIC E EXPENSES 70,336 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENS ES 70,336 TOURISM AND TOUR PROGRAMS PROGRAM SERVICE EXPENSES 5,013 MANAGEMENT AND GENER AL EXPENSES 57,922 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,935 NEWSLETTER PROGRAM SER VICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 23,487 FUNDRAISING EXPENSES 0 TOTAL EXP ENSES 23,487 BANK CHARGES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 21 ,829 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,829 OTHER PAYROLL COSTS PROGRAM SERVICE EXPENSES 5,117 MANAGEMENT AND GENERAL EXPENSES 6,081 FUNDRAISING EXPENSES 150 TOTAL EXP ENSES 11,348 AMORTIZATION OF DEFERRED FINANCE COSTS PROGRAM SERVICE EXPENSES 9,348 MANA GEMENT AND GENERAL EXPENSES 492 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,840 AWARDS PRO GRAM SERVICE EXPENSES 398 MANAGEMENT AND GENERAL EXPENSES 1,421 FUNDRAISING EXPENSES 3,7 92 TOTAL EXPENSES 5,611
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CHARITABLE TRUSTS 90,848 CHANGE IN INTEREST RATE SWAP 509,725
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR

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Form **926** (Rev August 2013)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ **Attach to your income tax return for the year of the transfer or distribution.**
▶ Information about Form 926 and its separate instructions is at *www.irs.gov/form926*

OMB No 1545-0026
Attachment Sequence No **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
EITELJORG MUSEUM OF AMERICAN INDIANS AND WESTERN ART INC	31-1139447

1 If the transferor was a corporation, complete questions 1a through 1d

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . ☐ **Yes** ☑ **No**

b Did the transferor remain in existence after the transfer? . . . ☑ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s)

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . ☐ **Yes** ☑ **No**

If not, list the name and employer identification number (EIN) of the parent corporation

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? . . . ☐ **Yes** ☑ **No**

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d

a List the name and EIN of the transferor's partnership

Name of partnership	EIN of partnership
SAVILE ROW SP HEDGED EQUITY INSTITUTIONAL LLC	45-5297344

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . ☑ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? . . . ☐ **Yes** ☑ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . ☐ **Yes** ☑ **No**

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)
SOUTHPOINT QUALIFIED OFFSHORE FUND LTD

4a **Identifying number**, if any

5 Address (including country)
CRICKET SQ 2ND FLOOR PO BOX 268
1
GRAND CAYMAN KY1-1111
CJ

4b Reference ID number (see instructions)

6 Country code of country of incorporation or organization (see instructions)
CJ

7 Foreign law characterization (see instructions)
ASSOCIATION

8 Is the transferee foreign corporation a controlled foreign corporation? . . . ☐ **Yes** ☑ **No**

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06-01-2013	[redacted]	350,000	[redacted]	[redacted]
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp Regs sec 1 367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp Regs sec 1 367(a)-4(c)					
Property to be sold (as described in Temp Regs sec 1 367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp Regs sec 1 367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer

(a) Before ____________ **(b)** After ____________

10 Type of nonrecognition transaction (see instructions) ▶ ____________

11 Indicate whether any transfer reported in Part III on this schedule is subject to any of the following

		Yes	No
a	Gain recognition under section 904(f)(3)	☐	☑
b	Gain recognition under section 904(f)(5)(F)	☐	☑
c	Recapture under section 1503(d)	☐	☑
d	Exchange gain under section 987	☐	☑
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	☐	☑

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1 367(a)-4 through 1 367(a)-6 for any of the following

		Yes	No
a	Tainted property	☐	☑
b	Depreciation recapture	☐	☑
c	Branch loss recapture	☐	☑
d	Any other income recognition provision contained in the above-referenced regulations	☐	☑
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	☐	☑
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1 367(a)-1T(d)(5)(iii)?	☐	☑

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶$ ____________

		Yes	No
16	Was cash the only property transferred?	☑	☐
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	☐	☑

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction