

990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

Check if applicable: address change, name change, initial return, final return/terminated, amended return, application pending

Form fields including: C Name of organization (FRANCONIA SCULPTURE PARK), D Employer identification number (41-1843609), E Telephone number ((651) 257-6668), F Name and address of principal officer (AMY MCKINNEY), H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, H(c) Group exemption number, L Year of formation (1996), M State of legal domicile (MN)

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF FRANCONIA SCULPTURE PARK IS TO PROVIDE PHYSICALLY AND INTELLECTUALLY WIDE-OPEN SPACES WHERE ALL ARE INSPIRED TO PARTICIPATE IN THE CREATIVE PROCESS...

Summary table rows 2-7b: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income

Summary table rows 8-19: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses

Part III Statement of Program Service Accomplishments

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

Briefly describe the organization's mission

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

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

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

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

(Code) (Expenses \$ 234,353 including grants of \$) (Revenue \$ 58,245)

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

(Code) (Expenses \$ 105,856 including grants of \$) (Revenue \$ 24,150)

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

(Code) (Expenses \$ 178,235 including grants of \$) (Revenue \$)

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

Other program services (Describe in Schedule O)

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

Total program service expenses ▶ 518,444

Part IV Checklist of Required Schedules

	Yes	No	
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
i Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		No
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		No
Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
a 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
	1a 30		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		
a	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 8		
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)	Yes	
	2b		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
	3a		
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		
a	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)?		No
	4a		
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
	4b		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
a	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?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
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		
Sponsoring organizations maintaining donor advised funds.			
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9b		
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	
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	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	12a		
a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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
a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 10		
	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 10		
	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	No
	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
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
	Did the organization have members or stockholders?	6	No
a	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
i	The governing body?	8a	Yes
j	Each committee with authority to act on behalf of the governing body?	8b	Yes
	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
a	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	
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
a	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
	Did the organization have a written whistleblower policy?	13	Yes
	Did the organization have a written document retention and destruction policy?	14	Yes
	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?		
i	The organization's CEO, Executive Director, or top management official	15a	Yes
j	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)		
a	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

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

MN

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sub-Total										
Total from continuation sheets to Part VII, Section A										
Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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 section 512-514
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and Other Similar Amounts	1a Federated campaigns . . .	1a	
	b Membership dues . . .	1b	
	c Fundraising events . . .	1c	
	d Related organizations	1d	
	e Government grants (contributions)	1e	200,151
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,540,582
	g Noncash contributions included in lines 1a-1f \$ _____	455,395	
h Total. Add lines 1a-1f	▶	1,740,733	

	Business Code			
2a ARTISTS & OUTREACH PROGRAMS	611710	49,445	49,445	
b DONATION BOX PROGRAM	611710	24,150	24,150	
c SPONSORSHIPS	611710	8,800	8,800	
d _____				
e _____				
f All other program service revenue				
g Total. Add lines 2a-2f		▶	82,395	

3 Investment income (including dividends, interest, and other similar amounts)	▶	794		7
4 Income from investment of tax-exempt bond proceeds	▶			
5 Royalties	▶			

	(i) Real	(ii) Personal		
6a Gross rents				
b Less rental expenses				
c Rental income or (loss)				
d Net rental income or (loss)				

	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory				
b Less cost or other basis and sales expenses				
c Gain or (loss)				
d Net gain or (loss)				

8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
b Less direct expenses	b			
c Net income or (loss) from fundraising events				

9a Gross income from gaming activities See Part IV, line 19	a			
b Less direct expenses	b			

PROGRAM SERVICE REVENUE

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
Grants and other assistance to domestic individuals See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees				
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	227,532	165,861	30,432	31,2
Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
Other employee benefits	9,500	7,600	1,900	
Payroll taxes	17,454	13,090	2,618	1,7
Fees for services (non-employees)				
Management				
Legal				
Accounting	12,443		12,443	
Lobbying				
Professional fundraising services See Part IV, line 17	78,000			78,0
Investment management fees				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
Advertising and promotion	1,810	1,566	90	1
Office expenses	10,524	6,602	2,084	1,8
Information technology	3,013	1,414	1,127	4
Royalties				
Occupancy				
Travel	12,638	9,519	2,541	5
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest	20,731	17,622	1,036	2,0
Payments to affiliates				
Depreciation, depletion, and amortization	37,935	32,245	1,896	3,7
Insurance	14,503	11,602	2,901	
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 MATERIALS AND SUPPLIES	109,027	108,982	45	
b FELLOWSHIPS	70,596	70,405	191	
c FACILITY EXPENSE	46,817	44,574	2,243	
d MISCELLANEOUS	9,087	7,160	1,652	2
e All other expenses	25,122	20,202	4,920	
Total functional expenses. Add lines 4 through 24e.	706,733	518,444	68,110	120,1

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	31,227	1	51,36
2	Savings and temporary cash investments	379,462	2	1,092,66
3	Pledges and grants receivable, net	478,589	3	285,80
4	Accounts receivable, net	669	4	80
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,565	9	4,77
10a	Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	1,456,866		
b	Less accumulated depreciation	373,463		
		1,102,670	10c	1,083,40
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	12,934	14	
15	Other assets See Part IV, line 11	249,223	15	868,22
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,259,339	16	3,387,05
17	Accounts payable and accrued expenses	73,983	17	77,86
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	388,543	23	363,22
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	462,526	26	441,06
Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets	1,080,174	27	1,457,11
28	Temporarily restricted net assets	716,639	28	1,488,85
29	Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,796,813	33	2,945,97
34	Total liabilities and net assets/fund balances	2,259,339	34	3,387,05

Part XI Reconciliation of Net Assets

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

Total revenue (must equal Part VIII, column (A), line 12)	1	1,855,8
Total expenses (must equal Part IX, column (A), line 25)	2	706,7
Revenue less expenses Subtract line 2 from line 1	3	1,149,1
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,796,8
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
Other changes in net assets or fund balances (explain in Schedule O)	9	
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,945,9

Part XII Financial Statements and Reporting

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

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

Software ID:
Software Version:
EIN: 41-1843609
Name: FRANCONIA SCULPTURE PARK

SCHEDULE A
Form 990 or
990-EZ

Department of the Treasury
Internal Revenue Service
Name of the organization
ICONIA SCULPTURE PARK

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

41-1843609

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

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

- A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 _____
- 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)
- A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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)
- A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 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)
- An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporter organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations _____

Provide the following information about the supported organization(s)

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

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	494,368	482,608	574,719	1,419,630	1,740,733	4,712,0
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	494,368	482,608	574,719	1,419,630	1,740,733	4,712,0
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)						1,272,4
Public support. Subtract line 5 from line 4						3,439,6

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
Amounts from line 4	494,368	482,608	574,719	1,419,630	1,740,733	4,712,0
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	888	291	308	423	794	2,7
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	8,634	800		593	4,300	14,3
Total support. Add lines 7 through 10						4,729,0
Gross receipts from related activities, etc (see instructions)					12	133,7

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

Section C. Computation of Public Support Percentage

Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	72 730
Public support percentage for 2015 Schedule A, Part II, line 14	15	78 280

33 1/3% support test—2016. 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 ▶

33 1/3% support test—2015. 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 ▶

10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
Amounts from line 6						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
Investment income percentage from 2015 Schedule A, Part III, line 17	18	

33 1/3% support tests—2016. 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 ▶

33 1/3% support tests—2015. 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 not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

Yes No

1

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

3c

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.

4a

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

4b

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

5a

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

5b

Substitutions only. Was the substitution the result of an event beyond the organization's control?

5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b

Part IV Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

A family member of a person described in (a) above?

A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

- a The organization satisfied the Activities Test. Complete **line 2** below.
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of

	Yes	No
2a		
2b		
3a		

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

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

Section A - Adjusted Net Income

Net short-term capital gain
 Recoveries of prior-year distributions
 Other gross income (see instructions)
 Add lines 1 through 3
 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 Other expenses (see instructions)
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

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

Section B - Minimum Asset Amount

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

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

Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A)
 Enter 85% of line 1
 Minimum asset amount for prior year (from Section B, line 8, Column A)
 Enter greater of line 2 or line 3
 Income tax imposed in prior year
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
Amounts paid to supported organizations to accomplish exempt purposes	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
Administrative expenses paid to accomplish exempt purposes of supported organizations	
Amounts paid to acquire exempt-use assets	
Qualified set-aside amounts (prior IRS approval required)	
Other distributions (describe in Part VI) See instructions	
Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
Distributable amount for 2016 from Section C, line 6	
Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
Excess distributions carryover, if any, to 2016			
From 2013.			
From 2014.			
From 2015.			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2016 distributable amount			
Carryover from 2011 not applied (see instructions)			
Remainder Subtract lines 3g, 3h, and 3i from 3f			
Distributions for 2016 from Section D, line 7			
\$			
Applied to underdistributions of prior years			
Applied to 2016 distributable amount			
Remainder Subtract lines 4a and 4b from 4			
Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
Excess distributions carryover to 2017. Add lines 3j and 4c			
Breakdown of line 7			
Excess from 2013.			
Excess from 2014.			
Excess from 2015.			
Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test**Part VI Schedule A, Supplemental Information**

Return Reference	Explanation
RT II, LINE 10	FACILITY RENTAL, ART & MISC SALES 10,027

HEduLE D
Form 990

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ANCONIA SCULPTURE PARK

Employer identification number
41-1843609

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

(a) Donor advised funds

(b) Funds and other accounts

Total number at end of year

Aggregate value of contributions to (during year)

Aggregate value of grants from (during year)

Aggregate value at end of year

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

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" on Form 990, Part IV, line 7.

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

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

Total number of conservation easements

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a	
2b	
2c	
2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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)

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- Beginning balance
- Additions during the year
- Distributions during the year
- Ending balance

	Amount
1c	
1d	
1e	
1f	

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
Beginning of year balance					
Contributions					
Net investment earnings, gains, and losses					
Grants or scholarships					
Other expenditures for facilities and programs					
Administrative expenses					
End of year balance					

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶

Permanent endowment ▶

Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
Land		472,455		472,4
Buildings		614,429	178,633	435,7
Leasehold improvements		137,164	83,719	53,4
Equipment		111,022	95,689	15,3
Other		121,796	15,422	106,3

a. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ 1,083,4

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

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

Total revenue, gains, and other support per audited financial statements		1	1,855,8
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
Net unrealized gains (losses) on investments	2a		
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	1,855,8
Amounts included on Form 990, Part VIII, line 12, but not on line 1			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII)	4b		
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,855,8

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

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

Total expenses and losses per audited financial statements		1	706,7
Amounts included on line 1 but not on Form 990, Part IX, line 25			
Donated services and use of facilities	2a		
Prior year adjustments	2b		
Other losses	2c		
Other (Describe in Part XIII)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	706,7
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII)	4b		
Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	706,7

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
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Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
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Supplemental Information Regarding Fundraising or Gaming Activities

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONICIA SCULPTURE PARK

Employer identification number
41-1843609

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Mail solicitations
<input type="checkbox"/> Internet and email solicitations
<input checked="" type="checkbox"/> Phone solicitations
<input checked="" type="checkbox"/> In-person solicitations | e <input type="checkbox"/> Solicitation of non-government grants
f <input checked="" type="checkbox"/> Solicitation of government grants
g <input type="checkbox"/> Special fundraising events |
|---|--|

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

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			
CROWLEY WHITE HELMER & SELVIG INC 1619 DAYTON AVENUE SUITE 106 ST PAUL, MN 55104	CONSULTING	Yes	No		78,000	-78,00
Total					78,000	-78,00

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.

States

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 <hr/> (event type)	(b) Event #2 <hr/> (event type)	(c) Other events <hr/> (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts				
2 Less Contributions				
3 Gross income (line 1 minus line 2)				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on 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))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> 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). ▶				

Enter the state(s) in which the organization conducts gaming activities _____
 Is the organization licensed to conduct gaming activities in each of these states? Yes No
 If "No," explain _____

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 If "Yes," explain _____

Does the organization conduct gaming activities with nonmembers? Yes No

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

Indicate the percentage of gaming activity conducted in

The organization's facility

13a _____ %

An outside facility

13b _____ %

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

Name ▶ _____

Address ▶ _____

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

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

If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

Mandatory distributions

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

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
EDULE G, PAGE 1, PART I, LINE 2B, UMN (III)	CROWLEY WHITE HELMER & SELVIG, INC MONTHLY CONSULTING FEES
EDULE G, PAGE 1, PART I, LINE 2B, UMN (V)	CROWLEY WHITE HELMER & SELVIG, INC THE FIRM IS PAID A MONTHLY CONSULTING FEE AND NO CONTROL OF FUNDS

Noncash Contributions

2016

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

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ICONIA SCULPTURE PARK

Employer identification number
41-1843609

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Art—Works of art				
Art—Historical treasures				
Art—Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities—Publicly traded				
Securities—Closely held stock				
Securities—Partnership, LLC, or trust interests				
Securities—Miscellaneous				
Qualified conservation contribution—Historic structures				
Qualified conservation contribution—Other				
Real estate—Residential	X	1	455,395	
Real estate—Commercial				
Real estate—Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
Taxidermy				
Historical artifacts				
Scientific specimens				
Archeological artifacts				
Other ▶ (_____)				
Other ▶ (_____)				
Other ▶ (_____)				
Other ▶ (_____)				

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

a 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?

	Yes	No
30a		N
31		N
32a		N

b If "Yes," describe the arrangement in Part II

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

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
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SCHEDULE O
Form 990 or 990-
(

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization
FRANCONIA SCULPTURE PARK

Employer identification number

41-1843609

Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF FRANCONIA SCULPTURE PARK IS TO PROVIDE PHYSICALLY AND INTELLECTUALLY WIDE-OPEN SPACES WHERE ALL ARE INSPIRED TO PARTICIPATE IN THE CREATIVE PROCESS. FRANCONIA SUPPORTS SCULPTORS AND SCULPTURE IN THE BROADEST DEFINITION OF THE ART FORM BY PROVIDING ARTISTS A PLACE TO CREATE AND LEARN WITH NO LIMITATIONS, AND BY CREATING OPPORTUNITIES FOR THE PUBLIC TO ACCESS THE ARTS THROUGH IMMERSIVE EDUCATIONAL PROGRAMS AND PARTICIPATORY EXPERIENCES WITH ART AND ARTISTS. FRANCONIA'S COMMUNITY PROGRAMS MAKE CONTEMPORARY ART ACCESSIBLE, PROVIDE CONTEXT TO THE LARGE-SCALE, 3-DIMENSIONAL ARTWORK WITHIN FRANCONIA'S 43 ACRE OUTDOOR EXHIBITION SPACE, AND INSTILL VIBRANT ARTS AND ARTS LEARNING INTO THE COMMUNITIES THAT FRANCONIA SERVES. IT IS FRANCONIA'S MISSION TO MAKE VISUAL ARTS ACCESSIBLE WHILE DEVELOPING FUTURE GENERATIONS OF ARTISTS AND ARTS APPRECIATORS.

Return reference	Explanation
ORM 990, PAGE 1, PART I, LINE	BOARD MEMBERS AND OTHER NON PAID STAFF ASSIST WITH THE VARIOUS EDUCATIONAL RELATED PROJECTS ON SITE THERE WERE APPROXIMATELY 62 VOLUNTEERS IN 2016 FOR A TOTAL OF 822 HOURS

Return reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE GOVERNING BODY REVIEWS THE FORM 990 BEFORE IT IS FILED IF THERE ANY CHANGES REQUIRED, THEY ARE MADE BEFORE THE RETURN GETS FILED

Return reference	Explanation
ORM 990, AGE 6, ART VI, NE 12C	THE BOARD MONITORS THE CONFLICT OF INTEREST POLICY ON A QUARTERLY BASIS

Return reference	Explanation
ORM 990, AGE 6, ART VI, NE 15A	THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE EMPLOYEE PERFORMANCE AND COMPENSATION PACKAGE, INCLUDING OFFICERS AND DIRECTORS AND MANAGERS COMPENSATION DATA FOR COMPRABLE POSITIONS IS CONSIDERED DURING THE DECISION MAKING PROCESS

Return reference	Explanation
ORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OF DIRECTORS ANNUALLY REVIEWS ITS EMPLOYEE PERFORMANCE AND COMPENSATION PACKAGES AS RELATED TO OTHER OFFICERS AND KEY EMPLOYEES. THE COMPENSATION DATA FOR COMPARABLE POSITIONS IS CONSIDERED DURING THE DECISION MAKING PROCESS.

Return reference	Explanation
ORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE