Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

41-1843609

FRANCONIA :	SCULPTURE PARK	41-1843609
Organization type (che		
Filers of:	Section:	
Form 990 or 990-EZ	3 (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
*		
Check if your organizat Note: Only a section 5 instructions.	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See
General Rule		
or more (in mo	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total oney or property) from any one contributor. Complete Parts I and II. See instructions for departs contributions.	ling \$5,000 etermining a
Special Rules		
regulations und	cation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % supported sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E; ib, and that received from any one contributor, during the year, total contributions of the graph of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	Z), Part II, line eater of (1)
contributor, du	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts	scientific,
contributor, du contributions to during the yea General Rule	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received filing the year, contributions exclusively for religious, charitable, etc., purposes, but no succeived more than \$1,000. If this box is checked, enter here the total contributions that we are for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts une applies to this organization because it received nonexclusively religious, charitable, etc., 0 or more during the year	ch re received eless the contributions
990-EZ, or 990-PF), b	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-	Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

FRANCONIA SCULPTURE PARK

Employer identification number 41–1843609

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Minnesota State Arts Board Park Square Court 400 Sibley Street Saint Paul, MN 55101-1928	\$ 39,274	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	East Central Regional Arts Concil 109 Weber Ave S 70 Box 554 Hinckley, MN 55037	\$ 42 ,992	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Woodbury Foundation 600 Patterson Avenue Son Antonio, TX 78209	s 60,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(C)	(d) Type of contribution
No.	Name, address, and ZIP + 4 Windgate 6323 Ranch Dr. Suite B Little Rock, Arkansas 72223	Total contributions \$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Hugh J. Andersen 342 Fifth Avenue North, Suite 200 Bayport, MW 55003-4502	\$ 15,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FRANCONIA SCULPTURE PARK

Employer identification number 41-1843609

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Jerome Foundation 550 Vandalia St., Suite 109 Saint Paul, MN 55114	\$ 39,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	University of Minnesota 1300 5 2nd St WBOB 645 Minneapolis, MN 55454-1075	\$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Connec and Fuller Cowles 29615 Unity Ave. Shafer MN 55079	\$ 36,871	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	National Endownent for the Arts 400 7th St. SN Washington, DC 20506-0001	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 15,691	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	1. A. O'Shaughnessy 2011 Killebrew Dr Suite 120 Bloomington, MW 55425	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

FRANCONIA SCULPTURE PARK

Employer identification number 41–1843609

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Hardenbergh Foundation 5959 Centerville Road, Suite 260 North Oaks, MN 55127	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Driscoll Foundation 30 Seventh St. East Suite 2000 St. Paul, MN 55101-4390	\$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 15	C. Angus and Marget Wurtele 4900 IDS Center, 80 S. 8th St. Minneapolis, MW 55402	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

FRANCONIA SCULPTURE PARK

Employer identification number 41-1843609

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	MODIFIED STONE	\$ 12,052	08/16/17
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11.	MODIFIED STONE	\$ 3,639	09/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	