

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

A For the 2015 calendar year, or tax year beginning 01-01-2015

C Name of organization CONNER PRAIRIE MUSEUM INC

Department of the

Internal Revenue Service

B Check if applicable Address change

Treasury

Return of Organization Exempt From Income Tax

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

foundations) ▶ Do not enter social security numbers on this form as it may be made public

, and ending 12-31-2015

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public

DLN: 93493312024976 OMB No 1545-0047

D Employer identification number

. ✓Yes No

Form**990**(2015)

Cat No 11282Y

Inspection

_	ldress ch	-				20-34	0262	27
_	ame chai itial retui	-	Doing business as					
F		1111				E Telepho	ne nur	mber
return/	termina!		Number and street (or P O box in 13400 ALLISONVILLE ROAD	f mail is not delivered to street address) Room/s	uite			
	nended n		City or town state or province of	country, and ZIP or foreign postal code		(317)	//6-	6000
I AP	plication	pending	FISHERS, IN 46038	oundly, and 21 of foreign postal code		G Gross r	eceipts	\$ 19,729,672
			F Name and address of prin	cipal officer	H(a) I	s this a group	rotur	n for
			Norman O Burns II	•		subordinates?	retur	∏ Yes 🔽
			13400 ALLISONVILLE ROA FISHERS,IN 46038	A D		No		
T Ta:	x-exemp	ot status	▼ 501(c)(3)	◀ (Insert no)		Are all subordi ncluded?	nates	□Yes □ No
				(Iliselt 110) 4947(a)(1) 01 327	1		a list	(see instructions)
J W	ebsite:	· www	w connerprairie org		H(c)	Group exempt	on nu	ımber 🕨
K Forr	n of orga	anızatıon	✓ Corporation	ociation Other ►	L Year	of formation 20	05	State of legal domicile IN
		<u> </u>						
Ра	rt I		mary	ion or most significant activities				
				uriosity and fosters learning about Indiar	na history	by providing e	ngagı	ng, individualized and
a)	<u>unı</u>	ique ex	periences					
<u>ို</u>	_							
Ē								
Governance	2 C	heck th	ıs box ▶ ┌ ıf the organızatıon	discontinued its operations or disposed	of more th	han 25% of its	net a	issets
						1		ı
Activities &			-	rning body (Part VI, line 1a)			3	39
Ĕ			· -	s of the governing body (Part VI, line 1b	•	-	4	38
Ę				n calendar year 2015 (Part V, line 2a)		F	5	414
⋖			·	fnecessary)			-	664
				Part VIII, column (C), line 12			7a 	409,987
	ь ме	t unreia	ted business taxable income	from Form 990-T, line 34		- · ·	7b	-63,102
		Cantr	butions and grants (Dart VIII	line 1h)		Prior Year	- F O	Current Year
<u> </u>	8 9		butions and grants (Part VIII		8,877,5	_	15,145,091 2,287,715	
Ravenua	10			, line 2g)		2,081,290 6,275		-45
R.	11		•	A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	1,483,474		1,630,670
	12			11 (must equal Part VIII, column (A), lir	ne ——			
		12)	Tevende dad imes e timedgir	11 (ast squar r art 1111) cora (***),		12,448,5	89	19,063,431
	13	Grants	s and similar amounts paid (Pa	art IX, column (A), lines 1–3)		1,145,0	84	8,211,271
	14	Benefi	ts paid to or for members (Par	rt IX, column (A), line 4)			0	0
ς.	15			oyee benefits (Part IX, column (A), lines		6,819,404		7,104,328
Expenses	16a	5-10)		IX, column (A), line 11e)			0	0
e G	b		• •	, ,,	•		\dashv	
ă	17		ndraising expenses (Part IX, column	(b), line 25) (c), lines 11a-11d, 11f-24e)		4,477,9	296	3,739,994
	18		, , , , , , , , , , , , , , , , , , , ,	must equal Part IX, column (A), line 25)	•	12,442,4		19,055,593
	19		,	ne 18 from line 12	_		05	7,838
χ φ.						·		<u></u>
Net Assets or Fund Balances					ведіпп	ing of Current \	геаг	End of Year
Bal	20	Total	assets (Part X, line 16)			4,947,3		4,966,886
절	21	Total	liabilities (Part X, line 26) .		-	725,0		736,736
	22			ct line 21 from line 20		4,222,3	312	4,230,150
	r penal		ature Block	examined this return, including accompa	nyina sch	adules and sta	tomo	nts and to the best of
my kı	nowledg	ge and i		omplete Declaration of preparer (other t				
	Т	· ·						
٠.		**** Siana	ature of officer			2016-10-14 Date		
Sign Here		, -				54.0		
	-		Wenger CFO or print name and title					
		<u> </u>	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	Ł		ENNETH J KEBER	KENNETH J KEBER		Check If self-employed		10883
	a parei	, [F	irm's name ► CROWE HORWATH	LLP		Firm's EIN ► 35	-0921	680
	Only	l F	rm's address ► 10 West Market Stre Suite 2000	eet		Phone no (317	632-	1100
しって	Oilly	y	Indianapolis, IN 46:	2042975				

Form 990 (2015)

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 😼

1 0111	7550 (2013)			raye -
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V	10	Yes	

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV . . .

Yes

Yes

Yes

Yes

Νo

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Form 990 (2015)

Yes

- Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or
- domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🖠 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

 - IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

 - current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

- **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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?

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔀 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Yes

Yes

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Nο

21

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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33

34

35a

35b

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37

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

orm	990 (2015)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 80		Yes	No
	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?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
b	by this return	2b	Yes	
32	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
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?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] 		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
h	additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

14b

year by the following The governing body? .

Section C. Disclosure

0 ((2015)	
	C	

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 A Governing Rody and Management No

Section A. Governing body and Management						
					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	39			
	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					

Enter the number of voting members included in line 1a, above, who are 1h 3.8 ındependent

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

►Kyle Wenger 13400 Allisonville Road Fishers, IN 46038 (317) 776-6000

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

the form?

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

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

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

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Form 990 (2015)

Νo

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7a

10b

12a

12h

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d in is l	one l both	oox, an d	officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han d on is	one l both	oox, an o	heck unless officer stee)	5	(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
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

\$100,000 of reportable compensation from the organization \triangleright 3

Total number of individuals (including but not limited to those listed above) who received more than

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person 5 Νo

502,197

Exhibit Design/Production

0

66,598

No

Yes

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

PO Box 11848-1848 Ft Wayne, IN 46861 Boston Productions Inc

290 Vanderbilt Ave

Total (add lines 1b and 1c) . .

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

eompensation from the organization resport compensation for the calcular year ending	with or within the organizations	cun yeur
(A) Name and business address	(B) Description of services	(C) Compensation
LIECHTY MEDIA LLC	MEDIA BUYS	392,257
120 W SUPERIOR ST FORT WAYNE, IN 46802		
LODGE DESIGN INC	ADVERTISING/MARKETING	361,227
7 JOHNSON AVE INDIANAPOLIS, IN 46219		
SCIENCE MUSEUM OF MINNESOTA	EXHIBIT DESIGN/PRODUCTION	277,606
120 W KELLOGG BLVD ST PAUL, MN 55102		
Hagerman Inc	Construction	189,961

Norwood, MA 02062 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

111,733

Form 99								Page 9
Part V	4444	Statement o	f Revenue ule O contains a respon	ise or note to any lu	ne in this Part VIII			
		CHECK II SCHEGO	are o contains a respon	se of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated camp	paigns 1a					
ant	b	Membership du	es 1b	272,095				
G. Gi	С .	Fundraising eve	ents 1c	25,445				
ifts Iar <i>i</i>	d	Related organiz	ations 1d	5,335,643				
is, (e	Government grants	s (contributions) 1e	411,256				
tion er S	f	All other contribution	ons, gifts, grants, and 1f	9,100,652				
ibu Sthe	g	Noncash contribution	ons included in lines	111,693				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		15,145,091			
				Business Code				
enu.	2a	Admissions & Fees		900099	2,015,620	2,015,620		
Pev V	ь	Membership Dues		900099	272,095	272,095		
ACE	c							
Serv	d							
ram	e f	All other progra	ım service revenue		0	0	0	0
Program Service Revenue						0	0	
—	g 3		s 2a-2f ome (including dividend		2,287,715			
		and other simila	aramounts)	•				
	4 5		tment of tax-exempt bond p	proceeds . •				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	740,396					
	ь	Less rental expenses						
	_ c	Rental income or (loss)	740,396	0				
	d	, ,	me or (loss)		740,396		82,681	657,715
	7a	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of assets other than inventory	31,058					
	ь	Less cost or other basis and	31,103					
	_ ر	sales expenses Gain or (loss)	-45	0				
	d	Net gain or (los	s)		-45			-45
Other Revenue	8a	Ψ						
ŗ.		See Part IV, lin	e 18	45 375				
the	Ь	Less direct exp	penses b	15,375 35,476				
	l		loss) from fundraising (events Þ	-20,101			-20,101
	9a	Gross Income fi See Part IV, lin	rom gaming activities le 19 a					
	l		penses b [loss] from gaming activ	utios				
		Gross sales of returns and allo	inventory, less	/ities ▶				
	ь		a cods sold b	1,490,092 599,662				
	С		loss) from sales of inve		890,430	563,124	327,306	
	11a	Miscellaneous Miscellaneous i		Business Code 900099	19,945	19,945		
	ь	. Hocemanicous I	. Srenae		·	·		
	С							
	d	All other revenu	ı		0	0	0	0
	e	Total. Add lines	s 11a-11d	•	19,945			
	12	Total revenue.	See Instructions		19,063,431	2,870,784	409,987	637,569 Form 990 (2015)

Form 990 (2015)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must comp

Sectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in this Part IX				
	<u> </u>				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,211,271	8,211,271		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and	419,957	70,629	255,789	93,539
6	key employees	25,052	25,052	233,769	93,339
7	Other salaries and wages	5,081,651	4,279,700	557,647	244,304
8	Pension plan accruals and contributions (include section 401(k)	3,001,031	4,275,700	337,647	244,304
	and 403(b) employer contributions)	348,838	289,473	48,084	11,281
9	Other employee benefits	828,641	722,708	59,394	46,539
10	Payroll taxes	400,189	319,637	47,483	33,069
11	Fees for services (non-employees)	100,103	313,037	17,103	33,003
а	Management				
ь	Legal	26,987		26,987	
С	Accounting	38,828		38,828	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	843,059	642,819	167,780	32,460
12	Advertising and promotion	738,532	738,532		
13	Office expenses	777,255	717,903	55,327	4,025
14	Information technology	18,684		18,684	
15	Royalties				
16	Occupancy	354,778	333,963	19,675	1,140
17	Travel	32,261	18,804	4,445	9,012
18	state, or local public officials				
19	Conferences, conventions, and meetings	27,040	15,486	7,231	4,323
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	209,688	209,688		
23	Insurance	182,487	3,279	179,208	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Bad debt expense	3,960	0	0	3,960
b	Bank service charges	123,786	114,762	8,440	584
c	Taxes, fees & assessments	22,520	21,203	1,312	5
d	Federal Grant Expenditures	193,742	193,742		
е	All other expenses	146,387	51,166	67,715	27,506
25	Total functional expenses. Add lines 1 through 24e	19,055,593	16,979,817	1,564,029	511,747
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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31

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34

Net Assets or Fund Balances

(B)

End of year

1,342,383

1,194,399

182,615

5,467

119,224

51,906

1,758,974

19,151

292,767

690,110

46,626

736,736

4,074,560

4,230,150

4,966,886

Form 990 (2015)

155,590

4,966,886

(A)

Beginning of year

1,247,486

1,201,036

202,602

10,331

123,849

36,160

1.719.640

19,744

386 520

4,947,368

694,685

30,371

725,056

4,121,788

4,222,312

4,947,368

100,524

2,631,345

872,371

10a

10b

1

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10c

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Part X	Balance She
	Check if Schedu

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

rt X	Balance	Sheet
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ru X	Balance Sneet
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Χ	Balance Sheet
	Check if Schedule

Part X	Balance	Sheet				
	Check if S	chedule				

- Form 990 (2015)

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Cash-non-interest-bearing

Savings and temporary cash investments

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Investments—publicly traded securities . .

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Accounts receivable, net . .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1

Other changes in net assets or fund balances (explain in Schedule O) .

- Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

- Net unrealized gains (losses) on investments . Donated services and use of facilities .

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

- - 4 5 6 7

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9

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Yes

Yes

Yes

2a

2b

2c

3a

3b

Page **12**

19,063,431

19,055,593

4,222,312

4,230,150

No

Νo

Νo

Form 990 (2015)

7,838

Software ID: 15000238 **Software Version:** 2015v2.1

EIN: 20-3402627

Name: CONNER PRAIRIE MUSEUM INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unles officei stee)	r	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Ellen M Rosenthal President & CEO	40 0	Х		x				250,325	0	16,929
Christopher D Clapp	10									
BOARD CHAIR	1 0	х		X				0	0	0
Jay B Ricker	1 0									
Board Vice Chair	0 0	X		Х				0	0	0
JOHN M BLAKLEY	1 0	.,		.,						
Secretary	0 0	X		Х				0	0	0
Karen A Hill	10	x		Х				0	0	0
TREASURER	0 0	^		^				0	0	0
KEITH T GAMBREL	10	x						0	o	0
BOARD MEMBER	0 0	^						O	0	O
Donald B Altemeyer	10	x						0	0	0
Board Member	0 0	^						O	0	O
Hilary A Salatich	10	×						0	0	0
Board Member	10	_ ^						0	0	0
CHRISTINE ALTMAN	1 0	×						0	0	0
BOARD MEMBER	0 0	_ ^						0	0	0
J Christopher Cooke	1 0	×						0	0	0
BOARD MEMBER	10	^							0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other compensation any hours officer and a organization organizations (W-2/1099for related director/trustee) (W-2/1099from the MISC) MISC) organization organizations Officer Highest compensated emplovee Individual trustee below Institutional Trustee and related 自動ので dotted line) organizations employee Owen B 10 Melton Jr Х C 0 BOARD 10 MEMBER **BRUCE** 1 0 **BRYANT** 0 Х 0 BOARD 0 0 MEMBER RICHARD J 10 THRAPP 0 Х **BOARD** 10 MEMBER Jane E 10 Niederberger Х 0 0 Board 0 0 Member Terry W 10 Anker Х 0 0 0 Board 0 0 Member Timothy C 10 Lawson Χ 0 Board 0 0 Member William C 10 Weldon PhD Х 0 0 0 Board 0 0 Member JOHN D 10 SAUDER Χ 0 BOARD 0 0 MEMBER Gary A 10 Reynolds Х 0 0 0 Board 0 0 Member William G 10 Batt 0 Χ Board 0 0 Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key En Compensated Employees, and Independent Contractors (A) (C) (D) (B) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and hours per more than one box, amount of compensation compensation Title week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Off Topal Š Former or director Highest compensated emplovee Individual trustee Institutional Trustee below and related dotted line) organizations employee Victoria 10 Callahan 0 0 Х Board 0 0 member David L 10 Cox Х 0 0 Board 0 0 Member Matthew 10 W Wyatt Х 0 0 C Board 0 0 Member Mary B 10 Ayers Χ 0 0 C Board 0 0 Member Michael J 10 Berry Х 0 0 Board 0 0 member Alan H 10 Cohen Х 0 0 С Board 0 0 Member David R 10 Day 0 Х 0 Board 0 0 Member Frederick 10 A Medlev Χ 0 0 Board 00 Member Rita D 10 McCluskey Х 0 0 Board 0 0 Member Philip V Scarpino 10 PhD Χ 0 0 0 0 Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key E Compensated Employees, and Independent Contractors (A) (B) (C) (D) (F) Reportable Estimated Name Average Position (do not check Reportable and hours per more than one box, compensation compensation amount of Title week (list unless person is both an from the from related other any hours officer and a organization organizations compensation director/trustee) (W-2/1099-(W-2/1099for related from the MISC) MISC) organizations organization Officer emplovee Highest compensated Individual Ó below and related Instituticnal Trust⊷⊷ director. dotted line) organizations employee trustee Reg 10 Stump 0 0 Χ Board n n Member Jay B 1.0 Love Χ 0 0 Board n n Member Margaret 10 S Dwyer Х 0 0 Board 00 Member Marcılynn Keys 10 Ex-officio Board Х 0 0 Member, 0 0 President of the Alliance Cyrus Keck Ex-10 Officio Board Х 0 0 Member, o o President of the Horizon Council Shawn A 1.0 Smith Х 0 0 Board 0 0 Member Dick 10 Ristine Х 0 0 С Board 0 0 Member Jenny J 10 Schalliol 0 0 C Х Board 0 0 Member Michael 1.0 C Rechin Х 0 0 Board 0 0 Member Cathryn 40 0 C Ferree 118,580 0 27,762 VP & 0 0 C00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key E Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Position (do not check Reportable Estimated Average Reportable and more than one box. compensation amount of hours per compensation Title unless person is both an from the from related other week (list any hours officer and a organization organizations | compensation

for related	(direct	tor/t	rus	tee)		(W- 2/1099-	(W- 2/1099-	from the
organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations

Kyle L 40 0 X 133,292 0 Wenger

VP & CFO

21,90

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	S As Filed Da	ta -		DLN: 9	3493312024976
(Fo	orm (DEZ)			Complete if the	Charity State organization is a sec 4947(a)(1) nonex Attach to Forn bout Schedule A (For	tion 501(c)(3) empt charitable 1 990 or Form 9	organization o e trust. 190-EZ.	Ort r a section	2015 Open to Public
Depai Treas	rtment : ury	or the		ww.irs.gov/fo	•		<u>-</u>		Inspection
		enue Service						1	
		he organizat AIRIE MUSEUM						Employer identific	ation number
								20-3402627	
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	ations must c	omplete this	part.) See instructi	ons.
The	organı		•		iuse it is (For lines 1		,	,	
1					r association of churc				
2)(1)(A)(ii). (Attach S				
3		•		•	service organization				
4					rated in conjunction	with a hospital	described in se	ection 170(b)(1)(A)(ii	i). Enter the
5	_		name, city, zation opera		nefit of a college or up	niversity owned	l or operated by	a governmental unit	described in section
_	l			omplete Part I		inversity owned	or operated by	a governmentar ame	desembed in section
6		A federal,	state, or loc	al government	or governmental uni	t described in 🕏	section 170(b)(1)(A)(v).	
7	~						rom a governm	ental unit or from the	general public
8	_				i). (Complete Part II ion 170(b)(1)(A)(vi)		rt II \		
9	<u> </u>		•				•	rıbutıons, membershıp	fees and gross
10 11 a b c d e f	Finte	from gross organizati An organizati An organizati one or more the box in Type I. As supported organizati Type II. A management compart of the	s investment on after Junation organ ation organ e publicly s lines 11a th upporting coorganization You mus supporting nt of the supporting nt of the supporting organization or functionally inceproctions) You box if the cor Type III of supporting or function of supporting the cor Type III or of supportion ally integrations or Type III or of supportional	at income and use 30, 1975 Sized and operalized and operalized and operalized and operalized and incomplete Palice (See Instructions) (See Instruc	unrelated business ta eesection 509(a)(2). ted exclusively to test ted exclusively for the inizations described in t describes the type erated, supervised, of to regularly appoint of tr IV, Sections A and upervised or controlled inization vested in the ind C. supporting organization uctions) You must controlled it. A supporting organ inization generally must te Part IV, Sections I	xable income ((Complete Parist for public salie benefit of, to a section 509 (a) of supporting our controlled by or elect a major B. The connection of the connection of the connection operated in connection operated in the connection o	less section 51 t III) fety See section perform the fun a)(1) or section rganization and its supported or rity of the direct on with its support that control or connection with f, Sections A, D d in connection stribution requir art V. the IRS that it	on 509(a)(4). actions of, or to carry of 509(a)(2) See section of	out the purposes of on 509(a)(3). Check 11f, and 11g ally by giving the supporting by having control or diorganization(s) You agrated with, its ganization(s) that is weness requirement
Nar	me of s	(i) supported or	ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	Is the orga listed in youi docum	anızatıon r governıng	(v) A mount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	ıl								
		work Reduct	on Act Not	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) 923

S	ection A. Public Support						
(0	Calendar year r fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	7,681,155	6,803,698	7,652,429	8,877,550	15,145,091	46,159,9
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without						

6,803,698

charge

Total. Add lines 1 through 3

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

Section B. Total Support Calendar year

royalties and income from

Net income from unrelated business activities, whether or not the business is regularly

10 Other income Do not include gain or loss from the sale of

11 Total support. Add lines 7

supported organization

instructions

capital assets (Explain in Part

12 Gross receipts from related activities, etc (see instructions)

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

(or fiscal year beginning in) ▶

Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents,

similar sources

carried on

through 10

VI)

15

from line 4

(f) Public support. Subtract line 5

(a)2011

7,681,155

521,630

44,709

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. 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

b 10%-facts-and-circumstances test - 2014. 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

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

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

7,681,155

(b)2012

6,803,698

604,036

26,507

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,

(c)2013

7,652,429

534,702

14,526

7,652,429

(d)2014

8,877,550

603,205

26,270

8,877,550

15,145,091

(e)2015

15,145,091

657,715

35,320

12

14

15

46,159,923

32.755.933

13,403,990

46,159,923

2,921,288

147,332

49,228,543

27 23 %

30 90 %

▶□

▶▽

Schedule A (Form 990 or 990-EZ) 2015

12,312,510

(f)Total

Schedule A (Form 990 or 990-EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	III II ale el gamzado	rano to quani	y arraor are too	to noted below	picase compi		
Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
•	iscal year beginning in) ▶	(-,	(-,	(-,	(/	(-/	(, ,
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any "unusual grants ")		+				
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
3	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
h	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						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support		1	1	1	I	1
	Calendar year		I	T	T		T
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
L0a	•						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here	-			,	. /	
Se	ction C. Computation of Pub	lic Support P	ercentage				• 1
15	Public support percentage for 2015			13 column (f))		15	
	,, ,	•	• •	. 15, 001411111 (1))		15	
16	Public support percentage from 201		<u>`</u>			16	
Se	ction D. Computation of Inv						
17	Investment income percentage for 3	2015 (line 10c, c	column (f) divided	by line 13, colun	nn (f))	17	

Investment income percentage from 2014 Schedule A, Part III, line 17

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

I, complete Sections A and D, and complete Part V)

Section	A. A	I Supporting Orga	ınizatio	ทร

Are all of the ingranuston's supported organizations listed by name in the organization's covering documents? If '80' described the designation of the three and continuing elebanoship, pages and if designated by closs or purpose, described the designation of that these and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the section of \$00(4)(10) or (2)? If '95', 'explain in Part VI have the elebanoship or the	Se	ection A. All Supporting Organizations			
If Yes, "describe the Part VI how the apported organizations listed by name in the organization's governing documents? If you'decide the Part VI how the supported organization are escipated if designated by class or purpose, describe the designation. If I hasteric and continuing relationship, soplain. 2. Did the organization have an supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If Yes, "answer (2) and (2) below. 2. Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If Yes, "answer (6) and (2) below. 3. Did the organization nother that eith supported organization qualified under section 501 (c)(4), (5), or (6) and satisfied this public support to sets under section 509 (a)(2)? If Yes, "answer (6) and (2) below. 5. Did the organization ensure that all support to such organizations was used exclusively for section 170 (c)(2)(3). 3. C. If Yes, "answer (6) and (2) below. 6. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization has such control and discretion in deciding whether to make grants to the foreign supported organization supported organization and organization. If Yes, "describe in Bart VI how the organization has such control and discretion despite being controlled or supervised by or in connection with suspopert organization supported organizations and supported organization under sections (5) (c)(2) and (5) (a) (2) (c) (2) organization supported organizations and discretion in deciding whether to make an IRS determination under sections (5) (c)(2) and (5) organization supported organizations and discretion despite being controlled or supervised by or in connection with supported organization and discretion in deciding whether to make an IRS determination under sections (5) (c) (c) (c) (c) (c) (c) (c) (c) (c		Colon At All Supporting Organizations		Yes	No
section 50(a)(1) or (2)? If "Yes," enamination have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization chart mate each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(3) If "Yes," describe in Part VI when and how the organizations was used exclusively for section 170(c)(2)(8) as pupposes? If "Yes," organization have under section of the organization put in place to ensure such use a Was any supported organization not organized in the United States ("Gregin supported organization")? If "Yes," analyzation have under section 601(c) and discretion in deciding whether to make grants to the foreign supported organization? Did the organization support any foreign supported organization had section despite being controlled or supervised. The analysis of the supported organization had section that does not have an IRS determination under sections 501(c)(3) and 503(c)(1) or (2)? If "Yes," explain in Part VI what controls the organization sect to ensure that all support to the foreign supported organizations was used exclusively for section 170(c)(2)(8) pupposes 5a Did the organization and, substitute, or remove any supported organizations during such action, and (v) how the action was used exclusively for section 170(c)(2)(8) pupposes 5b Tyre 1 or Type 1 only, Was any added or substituted, or removed, (ii) the reasons for each such action, (iii) the archaetic (such as by mendiment to the organization of the supporting organizations or organization shall be substitution the result	1	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	1		
If "Yes," region in Part VI into the organization determined that the supported organization was described in section \$01(c)(4), (5), or (6)? 3a Did the organization have a supported organization qualified under section \$01(c)(4), (5), or (6)? b Did the organization confirm that each supported organization qualified under section \$01(c)(4), (6), or (6) and satisfied the public support tests under section \$09(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination of the public support that all support to such organization was used exclusively for section \$170(c)(2)(3) and purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," explain in Part VI what controls the organization and discretion despite being controlled or supportsed by or in commentor with its supported organizations? If "Yes," describe in Part VI what controls the organization and discretion despite being controlled or supportsed by or in commentor with its supported organizations? If "Yes," explain in Part VI what controls the organization that does not have an IRS determination under sections \$501(c)(3) and \$009(c)(4) in (2)? If "Yes," explain in Part VI what controls the organization seed to ensure that all support to the foreign supported organization supports any foreign supported organizations and supports of the supported organizations described in section (9) the organization and, substitution are removed, (ii) the reason for each such action, (iii) the authority under the organizations organizations as substituted in a supported organizations organizations as substituted supported organization part of a class already designated in the organizations organization support and part of the charactic set of the charactic set of the comment o	2				
3a June 1987 J		If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination C Did the organization ensure that all support to such organization on was used exclusively for section 170(c)(2)(8) 3c John Mark Was may supported organization not organization put in place to ensure such use 4a Was any supported organization not organization and discretion in deciding whether to make grains to the foreign supported organization? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below D Did the organization that unitimate control and discretion in deciding whether to make grains 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 organization was used exclusively for section 170(c)(2)(8) pumposes 5 Did the organization along ubstitute, 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 during the terms for section sections of the supported angumizations and deciment authoring such action, and (iv) how the action was excomplished (such as by pendiment to the organization during the terms of praints or the provision of services or facilities to anyone other than (a) its supported organizations (b) individuals that are part of the chariable class benefited by one or more of the filing organizations organizations or organizations organizations organizations organizations organizations or organizations or organizations or organizations or organizations or organizations or or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent contributor or organization make a loan to a disqualified person (as defined in Ime 9(a)) have an owners the i	3a		3a		
purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and I you checked I fair of I in mart I, answer (o) and (c) below D off the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization where the organizations what is supported organizations used to ensure that all support to the foreign supported organization where we discontinuous times the organization or supervised organization was used exclusively for section 170(c)2(8) purposes 5a Did the organization of you substitute, or remove any supported organizations during that xyear? 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 dids, substituted, or removed, fill the reasons for each such action, (iii) the authority under the organization dids, substituted or endowment (iv) have the exclusive was accomplished (such as by amendment to the organization organization part of a class already designated in the organization's organization document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization organizations, or (c) other supporting organization or scription or the organization or support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations. If "Tyse," provide detail in Part VI. D the organization provide a grant, lean, compensation, or other similar payment to a substantial contributor of the filing organizations supported organizations. If "Yes," complete Part I of Schedule I, (form 990) a Was the organization provide a grant, lean, compensation	t	satisfied the public support tests under section 509(a)(2)?	3b		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked II are II bin Part I, answer (b) and (c) below 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 a rin connection with its supported organization supported organization that does not have an IRS determination under sections \$01(c)(3) and \$09(a)(1) or (2)? If "Yes," explain in Part VI what courtes the organization used to ensure that all support to the foreign supported organization was used exclusively for section \$10(c)(2)(6) purposes 5a Did the organization and 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 deds, substituted, or removed, for the reasons or each such action, (iii) the authority under the organization deds, substituted uncernet; b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization document; b Type I or Type II only. Was any added or substituted supported organizations or services or facilities) to anyone other than (a) its supported organizations, (c) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit or or more of the filing organizations supported organizations? If "Yes," complete Part I of Schedule I, (Form 990) 5b Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 49546(c))(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantia	c	purposes?	3 c		
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If "Yes," describe in Part VI how the aganization had such control and discretion despite being controlled or supervised by on in connection with its supported organization. C Did the arganization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509 (g(3)) 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 170c/(2)(8) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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 organizations organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document. b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organizations prograzing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5b Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations or the state are part of the charitable class benefited by one or more of its supported organizations, (i) individuals that are part of the charitable class benefited by one or more of the filing organizations or grants actions (ii) individuals that are part of the charitable class benefited by one or more of the filing organizations organizations? If "res," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)3)(c)), a family member of a substantial contributor, or a 35-percent c	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
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)(6) purposes 5a			4b		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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) b 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? c 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 (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one or more of its supported organizations, (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations, (b) individuals that are part of the chantable class benefited by one or more of the filing organizations, (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations, (b) individuals that are part of the chantable class benefited by one or more of the filing organizations's supported organization, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in Ine 72 If "Yes," complete Part II of Schedule L (Form 990) 9a Was the organization and interest? If "Yes," provide detail in Part	c	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	4c		
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(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) 10 10 10 10 10 10 10 10 10 10 10 10 10 1	c		9c		
whether the organization had excess business holdings) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b	10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	10a		
Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? 11a 11b	t		10b		
the governing body of a supported organization? 11a 1b A family member of a person described in (a) above? 11b	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?	a				
		the governing body of a supported organization?	11a		
c 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	b	A family member of a person described in (a) above?	11b		
	c	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	11 c		

Yes

Yes

2a

2b

No

No

Part IV	Supporting Organizations (continued)
Section	B. Type I Supporting Organizations

Section D. All Type III Supporting Organizations

Yes No 1 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 1 2 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 2 operated, supervised or controlled the supporting organization Section C. Type II Supporting Organizations

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

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 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 2 supported organization(s)

3 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? 3 If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard 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)
 - The organization satisfied the Activities Test Complete line 2 below а

 - The organization is the parent of each of its supported organizations. Complete line 3 below b

 - The organization supported a governmental entity Describe in Part VI how you supported a government entity (see
 - instructions)
- 2 Activities Test_Answer (a) and (b) below.
- 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
- 3 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 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	uston	Nov 20, 1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ection	s A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		

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

6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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)	1	(A) Prior Year	1 ' '

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		, , , , , , , , , , , , , , , , , , , ,
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater			

U	A verage monthly cash balances		
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

е	(explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
-	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	

7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
			_
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

1	Adjusted net income for prior year (from Section A, line 8, Column A)	_1_		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	ıntegra	ted Type III supporting o	rganızatıon (see
	Instructions)			

Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
f 1 Distributable amount for 2015 from Section C, line $f 6$			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
_ с			
d From 2013			
e From 2014			
f Total of lines 3a through e			
 g Applied to underdistributions of prior years h Applied to 2015 distributable amount 			
i Carryover from 2010 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ <u></u>			
A pplied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

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

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

Schedule A, Part II, Line 17a TEN PERCENT FACTS AND CIRCUMSTANCES TEST 2015 EXPLANATION

Return Reference

Explanation Conner Prairie Museum ("CPM") was formed as an Indiana nonprofit corporation on September 1 2005 CPM, an affiliate of the Smithsonian Museum, was organized to own, operate, and manage the Conner Prairie Museum, which provides educational programs in Fishers, Indiana In 2005, CPM submitted Form 1023, Application for Recognition of Exemption ("CPM's 1023"), and based on CPM's 1023"), and based on CPM's 1023, the Internal Revenue Service ("Service") issued a determination letter recognizing CPM as an organization described in Code Section 501(c)(3) and as a public charity by virtue of Code Sections 509(a)(1) and 170(b)(1)(A)(vi) ("CPM's Determination Letter") CPM has been organized and operating since 2005 CPM's organizational purposes and operations have not changed in any material respect since CPM's 1023 was submitted and it received its determination letter. As detailed more fully below, during this time, CPM has provided countless educational activities and opportunities to the residents of Central Indiana and beyond, providing hands on experiences for both children and adults alike To ensure these opportunities are able to continue in perpetuity, CPM has been dedicated to obtaining public support for these operations. Despite these efforts, CPM's public support over the past five years did not exceed one-third (1/3) of its financial support. However, the facts and circumstances clearly illustrate that CPM should continue to be classified as a publicly supported organization. Treas Reg. Sec. 1.170A-9T(f)(3) provides that "even if an organization fails to meet the 33% public support test, it is publicly supported if it normally receives a substantial part. of its support from governmental units, from contributions made directly or indirectly by the general public, or from a combination of these sources, and meets the other requirements of this paragraph (f) (3) " There are several factors that are evaluated to determine whether an entity satisfies the $10\,\%$ facts and circumstances test. The services and educational opportunities that CPM provides to all who visit Conner Prairie Museum are truly remarkable. As a result, CPM enjoys broad public support from those who utilize the educational opportunities that are provided by CPM as well from donors that include individuals, corporations, foundations, municipalities, and government entities. The following details clearly illustrate that CPM qualifies as a publicly supported organization under Treas Reg Sec 1 170A-9T(f)(3) During the initial five year period after receiving the CPM Determination Letter, CPM satisfied and continues to satisfy the required 10% public support test. CPM enjoys wide and significant support from individuals, corporations, foundations, municipalities, and government entities. CPM has in excess of 6,000 charitable contributors, varying in size, amount, and type of contribution. This public support is further enhanced by the revenue generated from the admission to the museum, including from students and school corporations that visit CPM during the school year Moreover, CPM maintains an active and dedicated program to seek out all types and levels of public funding CPM's fundraising entails a comprehensive development program that includes annual gifts, corporate sponsorships, major gifts, in-kind gifts, foundation grants, and estate gifts A development team, consisting of an Annual Fund manager, Corporate Development Director, Grant Writer, Vice President of Advancement, and President and CEO, are responsible for soliciting funding through a variety of approaches, including written corporate and grant proposals, phone solicitations, in person solicitations, letters, and special events. The development operations also include a full-time prospect researcher as well as a database manager. This comprehensive fundraising program illustrates that CPM is organized and operated in a manner to attract new and additional public support on a continuous basis, providing additional support of its status as a publicly supported charity. Another important factor for satisfying the public support test is the type of public support received by the organization. Treas. Reg. Sec. 1.170A-9T(f)(3)(III)(B) provides that support "from governmental units or directly or indirectly from a representative number of persons will be taken into consideration" in determining whether an organization satisfies the public support test CPM clearly exemplifies an organization that satisfies this standard. CPM is internationally renowned for its Interactive History Park, where individuals are able to engage, explore, and discover what it was like to live and play in Indiana's past Accordingly, CPM enjoys broad public support. Governmental entities support CPM all throughout the school year as school corporations send their students to utilize and experience the educational opportunities offered by CPM. Over 500 schools visit CPM to utilize and allow students to engage in the Interactive History Park. Additionally, CPM is also supported by over 360,000 individuals that visit the museum every year, further illustrating the public impact of CPM Of the 360,000 plus individuals that visit CPM annually, approximately 60,000 are visiting as part of a school-sponsored program (students) Furthermore, CPM's commitment to being open and available to the entire public is illustrated by the fact that an entire family can obtain an annual membership pass to CPM for under \$100 Finally, the influence of CPM is also shown by the summer camp that it hosts on an annual basis where approximately 2,000 children participate each summer The public support of CPM is also illustrated through the representative governing body of CPM. According to Treas. Reg. sec. 1.170A-9T(f)(3)(iii)(C), an organization will be viewed as being publicly supported if the "governing body" represents the broad interests of the public, rather than the personal or private interests of a limited number of donors" and where the directors "are persons having special knowledge or expertise in the particular field or discipline in which the organization is operating " To ensure CPM obtains a broad cross-section of the public, the CPM Board of Directors is authorized to have up to fifty (50) directors, currently CPM has thirty-two (32) directors, and their biographies detailing the significant experience they each bring to the Board of Director's can be found at http://www.connerprairie.org/About-Conner-Prairie/Board-of-Directors Moreover, to ensure that CPM has the requisite experience and knowledge to be a publicly supported organization, the requirements to be a director include, in part, that the director has "demonstrated philanthropic or non-profit interests or involvement with a substantial non-profit organization" as well as has "demonstrated ability to raise and/or make substantial gifts for the benefit of a non-profit organization " Finally, to help ensure the quality and experience CPM provides is at the highest level, each director must have "experience with a history museum and/or interest in early American history " For all these reasons, CPM's Board of Directors illustrates that CPM is a publicly supported organization Finally, CPM's public support is illustrated by the educational activities it provides that directly benefit the public Treas Reg Sec 1.170A-9T(f)(3)(11)(d)(1) contemplates that an organization that provides facilities or services directly for the benefit of the general public illustrates that it is a publicly supported organization, and specifically identifies a museum as an organization that satisfies this criteria CPM is just that a museum that provides both facilities and services

Schedule A, Part II, Line 10 Other

9T(f)(3)

DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 15714 0, COLUMN B - 17627 0, COLUMN C - 14526 0, COLUMN D - 16405 0, COLUMN E - 19945 0, COLUMN F - 84217 0, DESCRIPTION - FUNDRAISING GROSS RECEIPTS, COLUMN A - 8820 0, COLUMN B - 8880 0, COLUMN C - 0 0, COLUMN D - 9865 0, COLUMN E - 15375 0, COLUMN F - 42940 0, DESCRIPTION - INSURANCE PROCEEDS, COLUMN A - 20175 0, COLUMN B - 0 0, COLUMN C -0 0, COLUMN D - 0 0, COLUMN E - 0 0, COLUMN F - 20175 0,

directly for the benefit of the public. This is evidenced by the fact that CPM is an affiliate of the Smithsonian Museum Not only does CPM carry out an important activity of educating individuals on the history of Indiana, but it does so in a unique and interactive manner, attracting all populations, which furthers both CPM's mission and benefit to the public. The foregoing illustrates that CPM is clearly an educational organization that is publicly supported, as defined in Treas. Reg. Sec. 1 170A- **SCHEDULE D**

(Form 990)

Department of the

DLN: 93493312024976 OMB No 1545-0047

Supplemental Financial Statements

▶ 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.

reası	al Revenue Service Information about Schedule D ((Form 990) and its instruc	tions is at <u>www.irs</u>	.gov/f	orm990.	Inspection
Nar	ne of the organization			Empl	oyer identification	on number
COV	INER PRAIRIE MUSEUM INC			30-3	402627	
Рa	rt I Organizations Maintaining Donor	Advised Funds or C	ther Similar Fi			
	Complete if the organization answere					
	Tabel and beautiful and	(a) Donor advised funds		(b)	Funds and other	accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			or advis	_	_ Yes
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or dor	or advisor, or for ar	ny other		Yes No
Pai	rt II Conservation Easements. Comple	ete if the organization a	answered "Yes" o	n Form	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all t	hat apply)			
	Preservation of land for public use (e.g., recre	eation or	Preservation of ai	a biotor	usallu impartant l	and area
	education) Protection of natural habitat	 	Preservation of a			
	Preservation of open space	ı	r reservation of a	cerdifie	a mistoric structo	ii e
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservat	on contribution in t	he form	of a conservatio	n
					Held at the E	nd of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	ents		2b		
c	Number of conservation easements on a certified	historic structure include	dın (a)	2 c		
d	Number of conservation easements included in (c historic structure listed in the National Register	c) acquired after 8/17/06,	and not on a	2d		
3	Number of conservation easements modified, tran	nsferred, released, extingi	ııshed, or termınate	d by the	e organızatıon du	ring the
	tax year ▶					
4	Number of states where property subject to conse	ervation easement is loca	ted ▶			
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		ng, inspection, hand	lling of	☐ Yes	No
6	Staff and volunteer hours devoted to monitoring, i year	inspecting, handling of vio	lations, and enforci	ng cons	servation easeme	ents during the
	>					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violatio	ns, and enforcing co	onserva	ition easements o	during the year
	▶ \$					
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the i	equirements of sec	tion 17	0(h)(4)	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga				
Par	t III Organizations Maintaining Collec			or Oth	ner Similar As	sets.
	Complete if the organization answere			uo ctat	toment and balan	so shoot
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public ext	nibition, education,	or resea	arch in furtherand	
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ext				
(i) Revenue included on Form 990, Part VIII, line 1	L		> \$		
(i	i) Assets included in Form 990, Part X		1			
2	If the organization received or held works of art, h	nistorical treasures, or oth				

Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

	edule D (Form 990) 2015		Page
Par	t III Organizations Maintaining Collecti (continued)	ons of Art, Historical Treasures, or Other Similar Assets	
3	Using the organization's acquisition, accession, an collection items (check all that apply)	d other records, check any of the following that are a significant use of its	
а	▼ Public exhibition	d Loan or exchange programs	
b	✓ Scholarly research	e Cother	
c	▼ Preservation for future generations		
4	Provide a description of the organization's collection Part XIII	ns and explain how they further the organization's exempt purpose in	
5	During the year, did the organization solicit or rece assets to be sold to raise funds rather than to be m	ive donations of art, historical treasures or other similar aintained as part of the organization's collection? Yes Vo	
Pa	rt IV Escrow and Custodial Arrangemer Complete if the organization answered Part X, line 21.	nts. "Yes" on Form 990, Part IV, line 9, or reported an amount on Form	990
1a	Is the organization an agent, trustee, custodian or included on Form 990, Part X?	other intermediary for contributions or other assets not Yes No	
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following table Amount	
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	
2 a	Did the organization include an amount on Form 99	0, Part X, line 21, for escrow or custodial account liability?	

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

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

(a)Current year (b)Prior year **b** (c)Two years back (d)Three years back (e)Four years back

103,142,486 104,227,089 95,578,232 89,298,070 Beginning of year balance

91,715,008 1a . .

6,868,281 407,010 270,840 877,295 2,070,127 Contributions

Net investment earnings, gains, and -833,324 4,257,429 14,507,436 10,657,050 2,990,083 losses

5,335,643 5,413,701 5,424,176 5.188.589 4,854,984 Grants or scholarships

399,199

95,578,232

2,063,447

89,298,070

No

Νo

Yes

Yes

Yes

(d)Book value

526,883

1,232,091

1,758,974

3a(i)

3a(ii)

3b

Accumulated

240,599

631,772

Schedule D (Form 990) 2015

(c)depreciation

(b)

(other)

767,482

1,863,863

0

367,028 324,866 940,830 and programs

0

Administrative expenses 103,474,772 103,142,486 104,227,089 End of year balance

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 93 92 %

6 08 % Permanent endowment 0 %

Temporarily restricted endowment ▶

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

Other expenditures for facilities

Board designated or quasi-endowment ▶

3a

d Equipment

organization by

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

(i) unrelated organizations

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

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

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

Description of property		(a)
, , ,	Cost	or other l
	l (ın	vestmen

basis | Cost or other basis

					Cost or other (investmen

								(investment)	
c									

	•		•		•	•	•		•	•		•	
gs											•		

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

Land, Buildings, and Equipment.

1 a	Land												
b	Buildi	ngs											
c	Lease	holo	l ım	prov	/em	ent	5.						

Part VII Investments—Other Securities See Form 990, Part X, line 12.			
(a) Description of security or cate (including name of security)	gory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			·
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 1	<u> </u>		
Part VIII Investments—Program Relate Complete if the organization answ	rered 'Yes' on Form 990	, Part IV, line 11c.	See Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			+
Total (Column (h) must equal Form 990, Part V. col.(R) line 1	21		
		Form 990, Part IV , lin	e 11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organ (a)		orm 990, Part IV , lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV , lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990 , Part IV , lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV , lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
Part IX Other Assets. Complete if the organ (a)	ization answered 'Yes' on I	Form 990, Part IV, lin	(b) Book value
(a) (1) Due from Conner Prairie Foundation, Inc	Description		(b) Book value 292,76
(a) (1) Due from Conner Prairie Foundation, Inc	lization answered 'Yes' on Description		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organ (a) (a) (b) (a)	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete If the organ (a) (a) (b) Must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete If the See Form 990, Part X, the label.	lization answered 'Yes' on Description		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
(1) Due from Conner Prairie Foundation, Inc Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	lization answered 'Yes' on Description Description line 15) corganization answered		(b) Book value 292,76
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	line 15) corganization answered (b) Book value		(b) Book value 292,76

1 2

а

b

c

3

1

2

b

d

а b

c

3

Part XII

Page 4

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a 2b

d е 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 . b c

Add lines **4a** and **4b** Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

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.

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

2a 2b

2c

2d

4a

2c 2d

4c

2e

4c

1

2e 3

Schedule D (Form 990) 2015

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Explanation

deaccessions and 148 and 161 accessions in 2015 and 2014, respectively

Conner Prairie Museum, inc maintains an extensive collection of items from 1800 to 1945 that are

relevant to Central Indiana during those time periods. Due to the difficulty in establishing a value for

Collections, purchases are expensed as purchased Standard museum procedures are used in accessioning, deaccessioning, cataloging and managing objects. The museum's procedures provide a clean, safe and stable storage environment for its permanent collections. Objects used in the living history programs are given reasonable care towards continuing preservation. There were 56 and 79

4b

Part XIII

Add lines 4a and 4b . .

Return Reference

Schedule D, Part III, Line 1a

Collections of art - financial

statement footnote

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,

information

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

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As Filed Data -

DLN: 93493312024976

OMB No 1545-0047

2015

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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

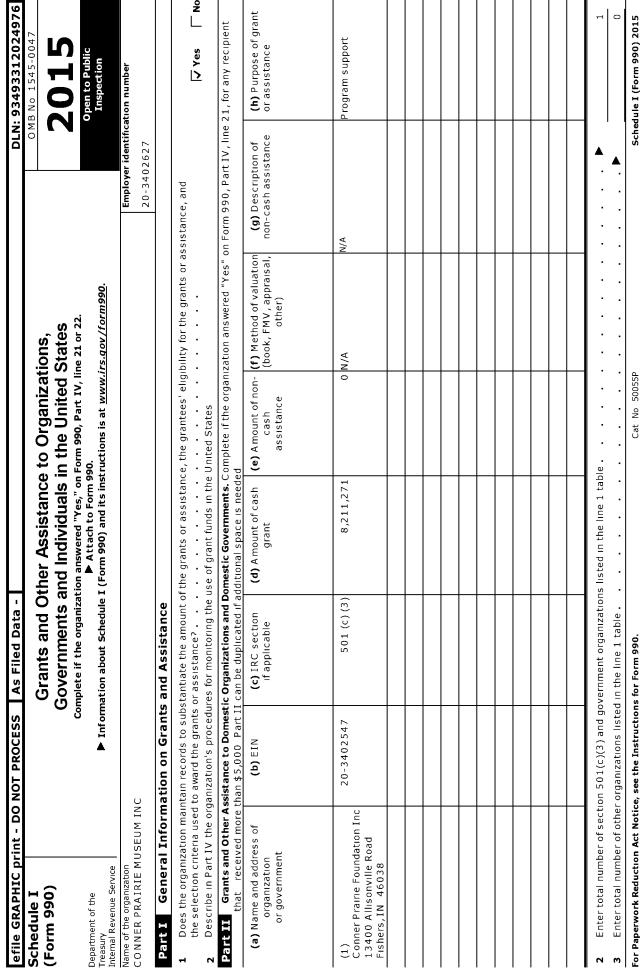
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

	NNER PRAIRIE MUSEUM 1	INC					Employer ide	ntilication number
	WERT RAINTE MOSEOM	1110					20-3402627	7
Pa		ctivities. Comple ers are not requi		_	ition answered "Ye: nis part.	s" on Form	n 990, Part I\	/, line 17.
1	Indicate whether the orga	anızatıon raısed fun	ds through	n any of th	e following activities	Check all t	hat apply	
а	Mail solicitations			•	e Solicitation of	non-goverr	nment grants	
b	Internet and email so	olicitations			f Solicitation of	governmen	t grants	
c	Phone solicitations			,	g	aising event	S	
d	In-person solicitatio	ns						
2 a	Did the organization have or key employees listed i services?							es No
b	If "Yes," list the ten high to be compensated at le				isers) pursuant to agr	eements un	der which the f	undrais er is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
ota								
	List all states in which the registration or licensing	organization is regi	stered or	licensed t	o solicit contributions	or has bee	n notified it is o	exempt from

Schedule G (Form 990 or 990-EZ) 2015 Page 2 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 **(b)**Event #2 (c)Other events (d) Total events Vintage wheels and (add col **(a)** through wine (event type) (total number) col (c)) (event type) 40.820

Re	I Gloss lecelpts	40,820			40,820
~	2 Less Contributions	25,445			25,445
	3 Gross income (line 1 minus line 2)	15.275	0	0	15.275
		15,375		0	15,375
	4 Cash prizes	0			
	5 Noncash prizes	0			
ses	6 Rent/facility costs	0			(
Expenses	7 Food and beverages	9,445			9,445
	8 Entertainment	850			850
Direct	9 Other direct expenses	25,181			25,18
△	10 Direct expense summary Add lines	4 through 9 in column (d)		35,476
	11 Net income summary Subtract line 1	.0 from line 3, column (c	1)	▶	-20,10
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a) Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
			├ Yes%	☐ Yes %	
	6 Volunteer labor	No	│ No	☐ No	
	7 Direct expense summary Add lines	2 through 5 ın column (c	ı)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	tion conducts gaming a	stuutios		
a	Is the organization licensed to conduct				Yes No
b	If "No," explain				
10a b	Were any of the organization's gaming l If "Yes," explain			j the tax year?	Yes No
_					



and Otner Assistance to can be duplicated if add	and Otner Assistance to Domestic Individuais. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 I can be duplicated if additional space is needed	mpiete if the organization	n answered "Yes" on Forr	m 990, Part IV, line 22	
ant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(e)Method of valuation (book, (f)Description of non-cash assistan FMV, appraisal, other)

space is needed				
Jumber of cipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, (f)Description of non-concernity, appraisal, other)	(f)Description of non-c

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

Explanation

Schedule I, Part I, Line 2 Return Reference Part IV

Procedures for monitoring use of

grant funds

Conner Prairie Museum, Inc. remits grant funds to Conner Prairie Foundation, Inc. All large grants paid are approved by Conner Prairie Museum, Inc. 's

Schedule I (Form 990) 2015

board of directors. Conner Prairie Museum, inc. relies on Conner Prairie Foundation, Inc.'s board of directors to monitor the use of the funds and ensure

they are used for the appropriate programs and activities of Conner Prairie Foundation, Inc

DLN: 93493312024976 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization CONNER PRAIRIE MUSEUM INC 20-3402627 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J	Schedule J (Form 990) 2015	ge
Part II	Paritifi Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	
For each in	or each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the	
Instruction	instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII	

the state of the s	For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in	instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII	Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amoun	
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Section A , line 1a, a	
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990, Part	
E	

(C) Retirement and other deferred compensation

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name and Title

ne 1a, applicable c	(D) Nontaxabl benefits
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(E) Total of columns (F) Compensation in column(B) reported

as deferred on prior

(B)(i)-(D)

Form 990

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3,775

Other reportable

Bonus & incentive compensation 29,358

> (I) compensation 217,192

compensation

16,929

267,254

Schedule J (Form 990) 2015

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..........

130,216

2 Kyle L Wenger

 Ellen M Rosenthal President & CEO 2,683

393

10,023

155,199

column (D) and (E) amounts for that individual

Explanation

Schedule J, Part I, Line 7 Non-fixed | Discretionary non-fixed bonuses were paid out to nearly all FT and PT employees during 2015

Return Reference

Schedule J (Form 990) 2015

SCHEDULE M

Noncash Contributions

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

► Attach to Form 990.

Open to Public Inspection

DLN: 93493312024976

OMB No 1545-0047

Treasury Internal Revenue Service

Department of the

(Form 990)

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

Name of the organization CONNER PRAIRIE MUSEUM INC **Employer identification number** 20-3402627 Types of Property (c) (a) (b) (d) Number of contributions Noncash contribution Method of determining Check noncash contribution amounts ıf or items contributed amounts reported on applicable Form 990, Part VIII, line 1 g Art-Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles 7 Boats and planes . . Intellectual property . . 82,177 Market value Securities-Publicly traded . 12 Χ Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . **18** Collectibles . . . **19** Food inventory . . . Χ 13 17,741 Cost 20 Drugs and medical supplies Taxidermy 22 Historical artifacts . . . Scientific specimens . .

24 Archeological artifacts . 25 Other ▶ (Sidewalks)

26 Other ▶ (Textile supplies) **27** Other ▶ (Vintage Wheels and Wine

A wards 28 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 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that

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

contributions? . . .

b If "Yes," describe in Part II

for exempt purposes for the entire holding period? .

Χ

Χ

Χ

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

1

1

1

it must hold for at least three years from the date of the initial contribution, and which is not required to be used Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

9,350 Cost

1,425 Cost

1,000 Cost

Yes

31 Yes 32a Νo If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

30a

No

Νo

describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)	Page 2
ın Part I, column (b)	ormation. tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting the number of contributions, the number of items received, or a combination of both. art for any additional information.
Return Reference	Explanation
	Securities - Publicly traded Number of Contributions Food inventory Number of Contributions Other Number of Contributions Other Number of Contributions

Schedule M (Form 990) (2015)

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 2015 Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ▶ Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasury www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization CONNER PRAIRIE MUSEUM INC 20-3402627 Return Explanation Reference Form 990. (CONTINUED FROM PART III, LINE 4A) OUR ON-SITE GENERAL AUDIENCE OF APPROXIMATELY 380,000 ANNUAL VISITORS IS DRAWN LARGELY FROM CENTRAL INDIANA APPROXIMATELY 60% OF ATTENDEES ARE YOUTH WITH THE BALANCE BEING Part III, Line 4a HISTORIC ADULTS AND SENIORS APPROXIMATELY 70,000 SCHOOL GROUP PARTICIPANTS VISIT THE MUSEUM EACH YEAR AND MUSEUM COME FROM THROUGHOUT INDIANA AND NEIGHBORING STATES, THOSE SCHOOL GROUPS FROM THE GREATER **EXPERIENCE** INDIA NA POLIS METROPOLITAN A REA REFLECT THE DIVERSITY WITHIN THE SCHOOL DISTRICT(S) AS A GENERAL RULE, THEREFORE, SCHOOL GROUP PARTICIPATION IS FAR MORE CULTURALLY DIVERSE THAN GENERAL ATTENDANCE. FOR THE

DLN: 93493312024976

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MIDWEST, CONNER PRAIRIE IS A DESTINATION FOR FAMILIES WITH CHILDREN OF ALL AGES, IT IS A PLACE WHERE THEY CAN SUPPLEMENT OR ENHANCE IN-CLASS LEARNING, PURSUE NEW INTERESTS, AND EXPLORE NATURE, SCIENCE, ART AND HISTORY IT IS A PLACE WHERE GRANDPARENTS CAN SHARE MEMORIES WITH GRANDCHILDREN, OR TALK ABOUT HOW BEST TO CARE FOR THE ENVIRONMENT FOR FAMILIES WITH YOUNG CHILDREN IT IS A MUCH SOUGHT AFTER DESTINATION FOR SCHOOL TEACHERS, A PLANNED FIELD TRIP TO CONNER PRAIRIE IS ONE THAT UNFOLDS THE RICHNESS OF THE PAST WHILE ENCOURAGING INTEREST BEYOND FACTS. FIGURES AND DATES FOR BUSINESSES. THE BEAUTY, INTEGRITY AND PROGRAMMING AT CONNER PRAIRIE IS A RECRUITING TOOL THAT HELPS SELL RECRUITS ON RELOCATING TO THE AREA. AND IS AN ASSET TO THOSE ALREADY HERE. THE PRIMARY VISITOR EXPERIENCE CURRENTLY INCLUDES FIVE DISTINCT HISTORY AREAS 1816 LENAPE INDIAN CAMP, WILLIAM CONNER HOMESTEAD, 1836 PRAIRIETOWN, 1859 BALLOON VOYAGE, AND 1863 CIVIL WAR JOURNEY ANOTHER OUTDOOR ATTRACTION IS THE NATURE WALK, ALLOWING VISITORS A CLOSER LOOK AT OUR NATURAL SETTING A MODERN WELCOME CENTER IS ALSO A MAJOR COMPONENT OF THE CONNER PRAIRIE COMPLEX HERE, YOU WILL FIND AN EXHIBIT SPACE CALLED "CREATE CONNECT" WHERE INDIANA'S INNOVATIVE SPIRIT IS CELEBRATED ACROSS FROM THAT, DISCOVERY STATION AND CRAFT CORNER ALLOW KIDS AGES 8 AND YOUNGER A PLACE TO CLIMB, CRAWL, BUILD, EXPLORE, READ AND PRETEND A PARTIAL LIST OF CONNER PRAIRIE'S SPECIAL PROGRAMMING INCLUDE GLORIOUS FOURTH (CELEBRATING THE NATION'S BIRTH CIRCA 1886). CURIOSITY FAIR (WHOS, HOWS AND WHYS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH), FOLLOW THE NORTH STAR (AN IMMERSION PROGRAM ABOUT THE UNDERGROUND RAILROAD CONDUCTED FOR SCHOOL GROUPS AND THE GENERAL PUBLIC), AND HEARTHSIDE SUPPERS (AN INTIMATE DINING EXPERIENCE WITH THE GUESTS ASSISTING IN 1836 COOKING PRACTICES) ULTIMATELY, THE MUSEUM IS NOT JUST A PURVEYOR OF HISTORY, BUT CONTINUALLY STRIVES TO INSPIRE FUTURE GENERATIONS OF INQUISITIVE STUDENTS OF THE HUMAN EXPERIENCE.

Return Reference	Explanation
Form 990, Part VI, Line 15b	THE ORGANIZATION DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES THAT RECEIVE COMPENSATION,
PROCESS USED TO	THEREFORE THIS QUESTION IS NOT APPLICABLE AND HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH THE
ESTABLISH COMPENSATION	FORM 990 INSTRUCTIONS COMPENSATION OF THE HIGHEST COMPENSATED EMPLOYEES REPORTED IN PART
OF OTHER OFFICERS/KEY	VII (VP & CFO, VP & CDO, VP & COO, and VP & CMO) IS REVIEWED BY THE PRESIDENT/CEO USING
EMPLOYEES	COMPARABLE DATA GARNERED FROM LOCAL NON-PROFIT COMPENSATION SURVEYS AND THE AMERICAN
	ASSOCIATION OF MUSEUMS (AAM) COMPENSATION SURVEY IF COMPENSATION CHANGES ARE
	RECOMMENDED BY THE PRESIDENT/CEO, THE FINAL DECISIONS ARE DOCUMENTED AND REVIEWED BY THE
	EXECUTIVE COMPENSATION COMMITTEE

Reference	·
Form 990, Part VI, Line 1a Delegate broad authority to a committee	According to the organization's bylaw's, the Board of Directors may create one or more committees to assist in carrying out any of the purposes of the Corporation, define the responsibilities of such committee or committees and delegate such committee or committees those powers that the Board of Directors determines to be appropriate. The Board of Directors shall appoint the members of each committee. At least two members of each committee shall be members of the Board of Directors and, if the committee is to exercise powers of the Board of Directors, then each member appointed to the committee shall be a member of the Board of Directors. The President shall be an ex-official member of all standing committees other than committees exercising audit or executive compensation responsibilities, provided, however, that in committee action constituting the exercise of a power of the Board of Directors, the participation of the President in that action shall not be considered in determining the existence of a quorum or the vote on the action. No other person employed by the Corporation shall serve on any committee. No person having a business relationship with the Corporation, or who is employed by an

entity having a business relationship with the Corporation, shall serve on a committee exercising audit or executive

Explanation

Return

compensation responsibilities

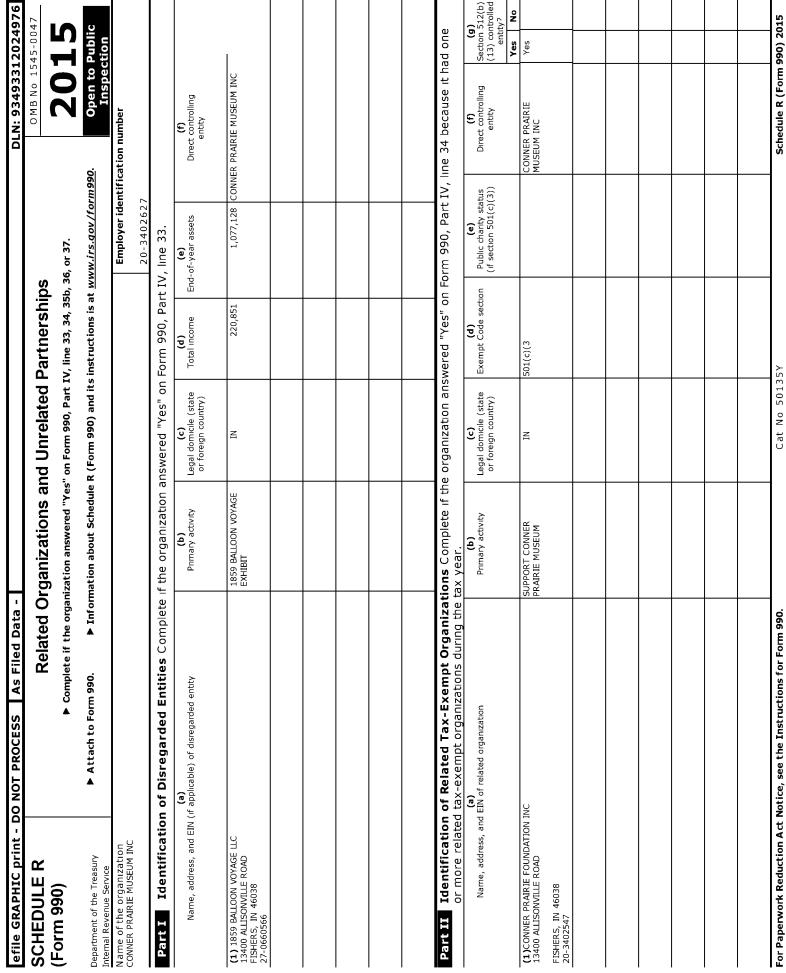
Return Reference	Explanation
Form 990, Part VI,	A draft of the Form 990 is provided to each member of the audit committee for their individual review. An overview of the
Line 11b Review of	Form 990 is then presented to the audit committee by the paid tax return preparer and the senior management of Conner
form 990 by	Prairie Museum, Inc The presentation and meeting include a detailed discussion of the form 990 answering any
governing body	questions posed by the members of the audit committee. After the audit committee approves the draft, copies of the Form
	990, excluding Schedule B, Schedule of Contributors (w hich is not a required disclosure pursuant to Internal Revenue
	Code (IRC) Section 6104), are provided to every voting member of the governing body before it is filed with the IRS

Return Reference	Explanation
Line 12c Conflict of interest policy	Every year, a conflict of interest questionnaire is sent to each interested person of the organization. After the questionnaires are completed, they are reviewed by the governance committee for potential conflicts of interest. The governance committee is comprised of board members and a staff liaison. At least one member of this committee is present at all board meetings to ensure that board members with potential conflicts abstain from participating in discussions and voting on transactions related to those potential conflicts.

Return Reference	Explanation
Form 990, Part VI, Line 15a	The Executive Compensation Committee, consisting of three Board members and the CFO, conducted a
Process to establish	performance evaluation survey of the President/CEO The entire Board had the opportunity to rate the
compensation of top	President/CEO and offer comments. The Committee analyzed the results of the survey, researched comparative
management official	compensation data, and made a recommendation to the Board Chair. The data was then reviewed and approved

by the Chair who then presented his recommendation to the Board in an Executive Session

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Financial statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are not available to the public at this time



Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(K) Percentage ownership					
(J) eral or naging tner?	o N				
ox mar par par (1	Yes				
(i) Code V-UB amount in by 20 of Schedule K- (Form 1065					
tionate tions?	No				
(h) Dispropri allocat	Yes				
(g) Share of end-of-year assets					
Share of Share of Disproprtionate Code V-UBI General or Percentage total income end-of-year allocations? Schedule K-1 Schedule K-1 (Form 1065)					
Predominant income(related, tr unrelated, excluded from tax under sections 512- 514)	,				
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
Prmary activity Legal domicile (state or foreign country)					
(a) Name, address, and EIN of related organization					

						-	1		4	
Part IV	Part IV Identification of Related Organizations Taxable a	as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line	or Trust Co	mplete if the	organization	answered	"Yes" on	1 Form 990), Part	IV, line
	34 because it had one or more related organizations tre	reated as a corporation or trust during the tax vear.	tion or trust	during the tax	vear.					

	S S				2015
Section 512 (b) (13) controlled entity?	Yes				Schedule R (Form 990) 2015
(h) Percentage ow nership					Schedule R
(g) Share of end- of-year assets					
(f) Share of tota income					
(e) /pe of entity (C corp, S corp, or trust)					
(d) Direct controlling Trentity					
(c) Legal domcile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Gift, grant, or capital contribution from related organization(s)

Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)

chedule R (Form 990) 2015	P	Page 3
Part V Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	Yes No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		

edule R (Form 990) 2015		Pē	Page 3
ITIV Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	Yes No
Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		õ
Gift, grant, or capital contribution to related organization(s)	1P	.b Yes	

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Yes

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Yes

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Yes 두 ᄩ

Yes

I Performance of services or membership or fundraising solicitations for related organization(s)

Lease of facilities, equipment, or other assets from related organization(s).

Lease of facilities, equipment, or other assets to related organization(s)

Purchase of assets from related organization(s).

Sale of assets to related organization(s). Dividends from related organization(s) .

Exchange of assets with related organization(s).

m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s).

Yes

ŝ ٤

(d)
Method of determining amount involved

(c) Amount involved

(**b)** Transaction type (a-s) Book Value Book Value

8,211,271 5,335,643 27,000

Allocated Cost

0

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Other transfer of cash or property from related organization(s).

(a)
Name of related organization

(1)Conner Prairie Foundation Inc (2)Conner Praine Foundation Inc (3)Conner Praine Foundation Inc

Other transfer of cash or property to related organization(s).

Reimbursement paid by related organization(s) for expenses. Reimbursement paid to related organization(s) for expenses.

Schedule R (Form 990) 2015

Page 4

Schedule R (Form 990) 2015

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	egarding excit	ואוחווחו כב	ווימווו ווואפצרוו	ובוור המורוובו	sdills						
(a) Name, address, and EIN of entty	Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?	Share of total income s?	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
				Yes No			Yes	o N		Yes No	
									Sched	Schedule R (Form 990) 2015	90) 2015

Part VIII Supplemental Information

Return Reference

Schedule R (Form 990) 2015