For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the Treasury

DLN: 93493312017597

2016

OMB No 1545-0047

Open to Public

Return of Organization Exempt From Income Tax

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

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

Interna	ıl Rever	nue Service	P Information about	Total 550 and its instructions is at www	INS GOV/IOIII	1550		Inspection
A F	or the	2016 c	 alendar year, or tax year beginr	ning 01-01-2016 , and ending 12-3	1-2016			
		oplicable	C Name of organization			D Employ	er identif	ication number
	dress c	-	CONNER PRAIRIE MUSEUM INC			20-340	2627	
	me cha itial reti	-	Doing business as					
_ Fir	nal		-					
		ninated I return	Number and street (or P O box if ma 13400 ALLISONVILLE ROAD	Il is not delivered to street address) Room/su	te	E Telephor	ne number	•
		n pending				(317) 7	76-6000	
			City or town, state or province, count FISHERS, IN 46038	ry, and ZIP or foreign postal code				
			F N	- FF		G Gross re	•	2,902,722
			F Name and address of principal Norman O Burns II	omcer	H(a) Is this		turn for	□Yes ☑ No
			13400 ALLISONVILLE ROAD FISHERS, IN 46038		subore H(b) Are al	dinates? I subordina	tes	
Ta	x-exem	npt status		🗆	` ´ ınclud	ed?		☐ Yes ☐No
1 147	abait			nsert no)	H(c) Group		•	instructions)
, W	ebsite	e:► ww	w connerprairie org		11(1) Group	exemption	riumber	•
K Forr	n of or	ganization	☑ Corporation ☐ Trust ☐ Assoc	ation ☐ Other ▶	L Year of forma	tion 2005	M State	of legal domicile IN
Pa	rt I		mary					
			scribe the organization's mission or	most significant activities y and fosters learning about Indiana hist	ory by providi	na enazain	a individ	lualized and unique
œ.	1	experience	•	y and losters learning about Indiana hist	ory by providi	ng engagin	g, marvic	idanzed and dinque
<u>۾</u>	=							
Ě	=							
9 A G	٦,	Check the	is how • uf the organization disc	ontinued its operations or disposed of m	ore than 25%	of its net a	ecete	
.J				body (Part VI, line 1a)			3	35
ν Vî	4	Number o	of independent voting members of t	the governing body (Part VI, line 1b) .			4	34
Ĕ	5	Total nun	nber of individuals employed in cale	endar year 2016 (Part V, line 2a)		•	5	418
Activities & Governance	6	Total nun	nber of volunteers (estimate if nece	essary)			6	645
٩	7a	Total unr	elated business revenue from Part '	VIII, column (C), line 12			7a	449,109
	b	Net unrel	ated business taxable income from	Form 990-T, line 34			7b	-39,586
					Pri	or Year		Current Year
<u>Qı</u>	8	Contribut	ions and grants (Part VIII, line 1h)			15,145,	091	7,978,90
Ravenue	1	-	service revenue (Part VIII, line 2g)			2,287,	715	2,432,12
R	1		ent income (Part VIII, column (A), li	, , ,			-45	80
	1		venue (Part VIII, column (A), lines !			1,630,		1,727,70
	 			t equal Part VIII, column (A), line 12)		19,063,		12,139,55
	1		nd similar amounts paid (Part IX, co			8,211,	2/1	1,096,87
	1		paid to or for members (Part IX, co			7 104	220	7 107 67
Expenses	1		other compensation, employee ben inal fundraising fees (Part IX, colum	refits (Part IX, column (A), lines 5–10)		7,104,	0	7,187,67
3	1		raising expenses (Part IX, column (D), lin				4	<u>'</u>
ă	1		penses (Part IX, column (A), lines 1	· ———		3,739,	994	3,846,66
	1		enses Add lines 13–17 (must equa	•		19,055,	_	12,131,21
		·	less expenses Subtract line 18 from	, , , , , ,			838	8,34
አ ኞ					Beginning	of Current Y		End of Year
and a								
Bal	20	Total ass	ets (Part X, line 16)			4,966,	886	4,778,25
Net Assets or Fund Balances	1		ılıtıes (Part X, line 26)			736,	736	539,76
			s or fund balances Subtract line 2:	1 from line 20		4,230,	150	4,238,49
	rt II		ature Block	ned this return, including accompanying	achadulas and	ctatamant	c 22d to	the best of my
				Declaration of preparer (other than office				
any k	nowle	dge	<u> </u>	,				
		*****	*		201	7-10-27		
Sign	1	Signati	ure of officer		Date			_
Here		Kyle W	enger CFO					
			r print name and title					
			rint/Type preparer's name		ate		PTIN	3
Paid	d	Ľ	ENNETH J KEBER	KENNETH J KEBER	self-	employed	P0024088	ა
Pre	pare	71 <u>⊢</u>	rrm's name ► CROWE HORWATH LLP	-t-Ct 200		n's EIN ► 35		
Use	On	ly ^F	ırm's address ▶ 135 N Pennsylvanıa Stre	et Suite 200	Pho	ne no (317)	632-1100	
			Indianapolis, IN 46204					
Mav t	he IR	S discuss	this return with the preparer show	n above? (see instructions)			✓ ,	res 🗌 No

Cat No 11282Y

Form **990** (2016)

Form	990 (2	016)					Page 2
Par	t III	Statement of	Program Servic	e Accomplis	hments		
				nse or note to a	any line in this Part III		<u> </u>
1	Briefly	describe the orga	nızatıon's mıssıon				
	er Prair riences	re Museum, Inc Ir	spires curiosity and	fosters learning	g about Indiana history	by providing engaging, individual	ized and unique
expe	Hences						
2	Dıd th	e organization und	dertake any significa	nt program serv	vices during the year w	hich were not listed on	
	the pr	or Form 990 or 99	90-EZ?				☐ Yes ☑ No
			new services on Sch				
3	Dıd th	e organization cea	se conducting, or m	ake significant	changes in how it condu	ucts, any program	
	servic	es [?]					🗌 Yes 🗹 No
	If "Ye	s," describe these	changes on Schedul	e O			
4	Section	n 501(c)(3) and 5	n's program service 01(c)(4) organization of any, for each prog	ns are required	to report the amount of	largest program services, as mea of grants and allocations to others	sured by expenses , the total
	(Code) (Expenses \$	8.950.172	including grants of \$	1,096,872) (Revenue \$	1,884,883)
	•	ldıtıonal Data	, (-,,		-,,	_, ,, ,
4b	(Code) (Expenses \$	1,010,497	including grants of \$	0) (Revenue \$	1,180,804)
	See Ac	lditional Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services	(Describe in Schedu	ıle O)			
		nses \$	•	uding grants of	\$) (Revenue \$)
4e	Total	program service	e expenses >	9,960,6	69		
							Form 990 (2016)

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

Nο

No

No

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

No

Form 990 (2016)

Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 👺 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

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

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

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

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

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

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

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

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

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

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

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

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

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

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

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

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

3 4

1

2

No No

Yes

Yes

Yes

Yes

Yes

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7 8

q

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

29

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	Yes	
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	22		No

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

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

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 member

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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 and

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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31

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33

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35a

35b

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37

Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

Yes

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Νo

Nο

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 78			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" 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)			
5a	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?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		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?	7c		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?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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		
LO	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 10b			
	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)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	,		orm 00	0 (2016)

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Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	35	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	34		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	er 2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervior of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or m members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>∍nue Code</u>	?.) Yes	
0-	Did the organization have local chapters, branches, or affiliates?	10a	165	No No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?			110
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	ne 11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t conflicts?		Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ıt		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemstatus with respect to such arrangements?			
	<u> </u>	16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
.,	List the States with which a copy of this Form 990 is required to be filed. IN			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you made these available. Check all that apply	ıly)		
	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records • Kyle Wenger 13400 Allisonville Road Fishers, IN 46038 (317) 776-6000			
			orm 00	0 (2016)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
La Complete	e 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

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

(B)

(A)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

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Part VIII Section A. C	Officers, Directo	rs, Trustees	, Key I	Empl	oye	es,	and	High	nest Cor	mpensat	ed Employees	(con	tinued)	
(A) Name and Tit	tle	(B) Average hours per week (list any hours	than o	one bo	ox, ui an offi	t che unles ficer	eck moss pers r and a	son	Repo compe fror organiza	(D) portable pensation om the zation (W-	on compensation from related (W- organizations (W-		Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/103	99-MISC)	2/1099-MISC	organizati relati organiza	ed	
See Additional Data Table												\Box		
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1b Sub-Total					<u></u> -		 	بـــــــــــــــــــــــــــــــــــــ						
c Total from continuati	tion sheets to Par	rt VII, Section	nA.				▶ _	_		-32 733		1		:22 224
d Total (add lines 1b at							a) who			723,732		0		102,234
2 Total number of indiv of reportable compen				e liste	3d a⊔)0VE	i) Wno	, rece	eived moi	re tnan þ.	100,000			
						—		—					Yes	No
3 Did the organization line 1a? If "Yes," com	•						oyee, c	_	-	npensate	d employee on	3		No
4 For any individual list organization and rela	ted on line 1a, is thated organizations	he sum of repo greater than \$	ortable o	compe 0? <i>If</i>	ensai "Yes	tion ," cc	and c	other te Sc	compens chedule J	sation from	m the			
	· · · · · · ·	Tacrue cor	- neal	• • f	•		···ral			• •	Coloni for	4	Yes	<u> </u>
5 Did any person listed services rendered to												5		No
Section B. Independ	dent Contracto					—		_						1112
1 Complete this table for	for your five highes	st compensated										mper	nsation	
from the organization	· · · · · · · · · · · · · · · · · · ·	(A)		уеаі	enu	ing .	With o	r Wit	hin the o	T	(B)		(c	
Hagerman Inc	Name and	nd business addre	<u>#SS</u>						\longrightarrow	Des	scription of services		Compen	
PO Box 11848-1848									J	Construct	л			443,61,
Ft Wayne, IN 46861										LIEDTA BIL				204.002
LIECHTY MEDIA LLC									J	MEDIA BUY	/S			384,883
120 W SUPERIOR ST FORT WAYNE, IN 46802														
LODGE DESIGN INC]/	ADVERTISI	ING/MARKETING			324,695
7 JOHNSON AVE INDIANAPOLIS, IN 46219						_								
ESP Properties LLC				_	_					Consulting				156,000
14498 Collectins Center Dr Chicago, IL 60693									J					
SCIENCE MUSEUM OF MINNESC	OTA ATC									EXHIBIT D'	DESIGN/PRODUCTION	1		138,947
120 W KELLOGG BLVD ST PAUL, MN 55102									J	1				
2 Total number of indepe	andent contractors	(including but	not lim	uted !	to th		listed	aho'	ve) who r	received r	nore than \$100.0	00 of	-	

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

compensation from the organization ▶ 5

Form 9		<u> </u>									Page 9
Part '	VII										
		Check if Schedul	e O contains a	a respo	onse or note to any	(4	nis Part VIII A) evenue	Rela exe fun	B) ted or empt ction enue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated campaig	ns	1a	0		I				
nts	Ŀ	b Membership dues		1 b	351,920						
ira 100		: Fundraising events		1c	36,693						
ons, Gifts, Grants Similar Amounts		d Related organizatio		1d	5,492,182						
a iii		Government grants (co			322,042						
S.E				1e	322,042						
tribution Other Si	f	 All other contributions, and similar amounts in above 	, gifts, grants, ot included	1f	1,776,072						
Contributions, Gifts, Grants and Other Similar Amounts				90,0							
S E	<u> h</u>	Total.Add lines 1a-1	.f				.978,909				
КIE					Business						
Service Revenue		Admissions & Fees				900099		30,209	2,080	+	0 0
œ.	b	Membership Dues				900099	35	51,920	351	,920	0 0
MCE	С			_							
Şet	d										
E a	e							0		0	0 0
Program	f	All other program se	rvice revenue		2.4	32,129		I			
ΔŤ	g-	Total. Add lines 2a-2f	f		▶	32,129					
		Investment income (ii			nterest, and other		1,155		0		1,155
		•			and proceeds		1,133		0	0	
		Income from investme Royalties			ond proceeds		0		0	0	
	٠,	Noyalties	(ı) Real		(II) Personal						_
	6a	Gross rents	(1) 1.1041	'	(,	1					
			7	44,977	o	4					
	b	Less rental expenses		0	O.	1					
	c	Rental income or	7	44,977	0	-					
		(loss)									
	d	Net rental income o	r (loss)	•			744,977			83,161	661,816
			(ı) Securit	ies	(II) Other						
	7a	Gross amount from sales of		80,021	a	,					
		assets other than inventory									
	h	Less cost or				-					
		other basis and sales expenses		80,369	a	1					
	С	Gain or (loss)		-348	0	1					
	d	Net gain or (loss) .			>	1	-348				-348
		Gross income from f									
ıne		(not including \$ contributions reporte	36,693 ·	of							
Ver		See Part IV, line 18		а	4,940						
Re	b	Less direct expense	s	b	21,714]					
Other Revenue		Net income or (loss)			ents •		-16,774				-16,774
Ott		Gross income from g See Part IV, line 19		es							
		2001 410 21, 1111 25		a	0						
	b	Less direct expense	s	b	0	1					
	С	Net income or (loss)	from gaming	activit	ies •	_	0		0	0	0
	10a	Gross sales of invent									
		returns and allowand	es	а	1,645,597						
	b	Less cost of goods s	old	b		1					
		Net income or (loss)			·	J	984,512		618,564	365,948	0
	_	Miscellaneous		IIIVCIII	Business Code						
	11:	a _{Miscellaneous} reven	ıue		900099	1	14,994		14,994	0	o
	b										
	c										
	٠										
	و.	All other revenue .					0		0	0	0
		Total. Add lines 11a			<u> </u>	1	0		U	0	<u> </u>
					•		14,994				
	12	Total revenue. See	instructions	• •	· · · •		12,139,554		3,065,687	449,109	
											Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	•	` ,	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,096,872	1,096,872		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	190,272	28,541	95,136	66,595
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	5,394,188	4,288,810	717,318	388,060
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	290,217	211,045	45,353	33,819
9 Other employee benefits	899,311	759,969	73,097	66,245
10 Payroll taxes	413,684	324,572	50,041	39,071
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	9,109	0	9,109	0
c Accounting	37,361	0	37,361	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,000,528	872,455	100,035	28,038
12 Advertising and promotion	739,162	739,162	0	0
13 Office expenses	814,069	751,051	59,008	4,010
14 Information technology	22,481	0	22,481	0
15 Royalties	0	0	0	0
16 Occupancy	339,375	316,506	20,624	2,245

34,750

28,688

219,769

193,515

6,284

99,101

22,252

145,707

134,515

12,131,210

0

0

0

20,094

16,062

219,769

3,359

0

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82,595

20,939

145,707

63,161

9,960,669

10,023

3,116

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6,284

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17,087

665,298

Form 990 (2016)

4,633

9,510

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0

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0

15,806

1,308

54,267

1,505,243

0

190,156

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

c Taxes, fees & assessments

d Federal Grant Expenditures

17 Travel .

20 Interest . .

23 Insurance . . .

a Bad debt expense

b Bank service charges

e All other expenses

Page **11**

117.555

4.778.259

490,822

48,943

539,765

4.086.714

151,780

4,238,494

4.778.259

Form **990** (2016)

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292,767

690,110

46,626

736,736

4.074.560

4,230,150

4.966.886

155.590

4,966,886

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	Beginning of year		End of year
1 Cash-non-interest-bearing	1,342,383	1	1,262,610
2 Savings and temporary cash investments	182,615	2	182,599
3 Pledges and grants receivable, net	1,194,399	3	1,401,997
4 Accounts receivable, net	5,467	4	4,435

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 0 5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Assets Notes and loans receivable, net Inventories for sale or use . 119,224 8 112.340 51.906 9 121,197 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 2,647,805 10a

basis Complete Part VI of Schedule D 1,092,140 1.758.974 10c 1.555.665 b Less accumulated depreciation 10b 11 Investments—publicly traded securities . 11 19.151 19.861 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11

2c

3a

3b

Yes

No

Form 990 (2016)

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 20-3402627

Name: CONNER PRAIRIE MUSEUM INC.

Form 990 (2016)

Form 990, Part III, Line 4a:

HISTORIC MUSEUM EXPERIENCE CONNER PRAIRIE MUSEUM. INC. INSPIRES CURIOSITY AND FOSTERS LEARNING ABOUT INDIANA'S PAST BY PROVIDING ENGAGING. INDIVIDUALIZED AND UNIQUE EXPERIENCES THE MUSEUM STRIVES TO CULTIVATE INQUISITIVE, LIFELONG LEARNERS WHO POSSESS THE INTELLECTUAL CURIOSITY THAT WILL ENABLE THEM TO ADDRESS THE SIGNIFICANT CHALLENGES FACING OUR NATION CONNER PRAIRIE'S MARKET IS COMPOSED OF A DIVERSE MIX OF AUDIENCES, FROM URBAN SCHOOL VISITORS TO SUBURBAN, THREE-GENERATIONAL FAMILY GROUPS, HOWEVER, THE MARKET CAN BE CATEGORIZED INTO FOUR BROADLY DEFINED OVERLAPPING GROUPS 1) VISITORS FROM LOCAL AND REGIONAL COMMUNITIES, 2) SCHOOL GROUPS FROM THE STATE OF INDIANA, 3) TOURISTS,

AND 4) A WORLD-WIDE COMMUNITY OF SCHOLARS AND LEARNERS, WHO NOT ONLY VISIT THE MUSEUM IN-PERSON, BUT ALSO GAIN UNDERSTANDING, KNOWLEDGE AND APPRECIATION FOR THE MUSEUM AND ITS PROGRAMS THROUGH THE MUSEUM'S WEBSITE (CONTINUED IN SCHEDULE 0)

CONNER PRAIRIE MUSEUM, INC PROVIDES VARIOUS CLASSES, CAMPS, EDUCATIONAL PROGRAMS AND WORKSHOPS EDUCATION PROGRAMS INCLUDE FOLLOW THE NORTH STAR, GENERAL SCHOOL TOURS, GUIDED PROGRAMS FOR SCHOOLS AND TOUR GROUPS, AND SCIENCE PROGRAMMING CLASSES AND WORKSHOPS INCLUDE HISTORIC CRAFTS/TRADES INCLUDING BLACKSMITHING. ARMS MAKING, TEXTILES. AND POTTERY ANNUAL SUMMER DAY CAMPS CENTER ON OUTDOOR EXPLORATION.

THE ARTS AND OTHER STEM TOPICS SCOUT PROGRAMS INCLUDE BADGE WORKSHOPS ADMISSION PROGRAMS INCLUDE SPECIAL EVENTS AND ACTIVITIES THAT ARE OFFERED ON A DAILY BASIS AS PART OF THE ADMISSION PRICE PUBLIC PROGRAMS INCLUDE FOLLOW THE NORTH STAR, HEADLESS HORSEMAN, HEARTHSIDE SUPPERS,

AND CONNER PRAIRIE BY CANDLELIGHT (A HOLIDAY PROGRAM) CURIOSITY FAIR AND FESTIVAL OF MACHINES

Form 990, Part III, Line 4b:

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Position (do not check more Average Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation is both an officer and a week (list from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Highest compensated employee Former key employee individual trustee or director Institutional MISC) organizations related below dotted organizations line) 0.0 ELLEN M ROSENTHAL Х 17,341 Χ PRESIDENT & CEO - Retired 1-4-2016 0 0 10 Jay B Ricker Х Х 0 0 Board Chair 10 10 RICHARD J THRAPP Х Х BOARD VICE CHAIR 10 10 Mary B Ayers Х Х 0 Secretary 0 0 10 JOHN M BLAKLEY Х Х

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Secretary - partial year (thru 9-28-2016)

Rita D McCluskey

Norman O Burns II

KEITH T GAMBREL

J Christopher Cooke

President & CEO

BOARD MEMBER

BOARD MEMBER

Owen B Melton Jr

BOARD MEMBER

TREASURER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Former key employee Highest compensated employee Individual trustee or director Institutional MISC) organizations related below dotted organizations line) Trustee 10 BRUCE BRYANT Χ **BOARD MEMBER** 0.0 10 Terry W Anker Х 0 Board Member 0 0 10 Timothy C Lawson Х Roard Mamhar 0 0 10 Χ 0 0.0 10 Х BOARD MEMBER 0 0 10 Donald B Altemever

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Board Member	
William C Weldon PhD	
Board Member	
JOHN D SAUDER	

Board Member

Hilary A Salatich

Board Member

BOARD MEMBER

Matthew W Wyatt

Board Member

Michael J Berry

Board member

CHRISTINE ALTMAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation is both an officer and a week (list from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Highest compensated employee Former Individual trustee or director key employee Institutional MISC) related organizations below dotted organizations line) Trustee 10 Alan H Cohen 0 Χ Board Member 0 0 10 David R Day Х 0

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Board Member

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Shawn A Smith

Board Member

Board Member

Jenny J Schalliol

Board Member

Dick Ristine

Margaret S Dwyer

Reg Stump

Jay B Love

Frederick A Medley

Philip V Scarpino PhD

Compensated Employees, and Independent Contractors (C) (D) (F) (E) Name and Title Position (do not check more Average Reportable Reportable Estimated than one box, unless person hours per amount of other compensation compensation is both an officer and a week (list from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Officer Former key employee Highest compensated employee Individual trustee or director MISC) organizations Institutional related below dotted organizations line) 10 Michael C Rechin Χ 0 Board Member 0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Board Member	1 0		
Victoria Callahan	1 0		
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Board member	0 0		
David L Cox	1 0		
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Board Member

JILL GROSSMAN

BOARD MEMBER

ALLIANCE

BARBIE MILLINGTON

CLINT HANGEBRAUCK

HORIZON COUNCIL

Kyle L Wenger

Cathryn C Ferree

Karrie Zuccarello

VP & CFO

VP & COO

VP & CDO

EX-OFFICIO BOARD MEMBER, PRESIDENT OF THE

EX-OFFICIO MEMBER, PRESIDENT OF THE

Compensated Employees, and Independent Contractors (C) (E) (D) Name and Title Position (do not check more Reportable Reportable Average than one box, unless person hours per compensation compensation wook (list is both an officer and a from the from related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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	any hours	director/trustee)					
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former
Amy Ahlersmeyer	40 0						
		I	l	l	i	ΙΥΙ	

VP & CMO

2/1099-MISC)

113,653

organization (W-

organizations (W-2/1099-MISC)

organization and related organizations

16,417

(F)

Estimated

amount of other

compensation

from the

efile	GRA	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493312017597
SCH	IED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(Forn	n 990			rganization is a sect	ion 501(c)(3) d	organization o		2016
990E	Z)			4947(a)(1) nonexe ▶ Attach to Form 9				2010
-		the Treasury	► Information abo	ut Schedule A (Form			uctions is at	Open to Public Inspection
Name	of th	ue Service ne organiza		<u>www.m.s.g</u>			Employer identific	<u> </u>
.ONNE	K PKAI	RIE MUSEUM	INC				20-3402627	
Par			for Public Charity States private foundation because				See instructions.	
ne or 1	ganiz		a private foundation because onvention of churches, or a	•	•	•	(A)(:)	
2		•	•			. ,, ,	(A)(I).	
3			scribed in section 170(b)(·		····	
4			or a cooperative hospital ser	-				ntor the beenital's
-	Ш		esearch organization operat and state	ed in conjunction with	a nospital descri	bed in Section	170(D)(1)(A)(III). E	nter the hospital's
5			ation operated for the benef (iv). (Complete Part II)	it of a college or univer	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6			tate, or local government o	r governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7	✓	section 17	ation that normally receives (O(b)(1)(A)(vi). (Complete	e Part II)			unit or from the gener	al public described in
8		A communi	ty trust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization d rant college of agriculture S					ege or university or a
.0		from activit	ation that normally receives ties related to its exempt fui income and unrelated busing ties section 509(a)(2). (Co	nctions—subject to cert ness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
.1			ation organized and operate		r public safety S	ee section 509)(a)(4).	
.2		more public	ation organized and operate ly supported organizations through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization oper n(s) the power to regularly Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled in ation vested in the san				
С		Type III f	unctionally integrated. A organization(s) (see instruct	supporting organization				ted with, its
d		functionally	on-functionally integrated integrated The organization You must complete Pa	on generally must satisf	fy a distribution i			
e		Check this	box if the organization recei	ved a written determin	ation from the II	RS that it is a Ty	ype I, Type II, Type II	I functionally
f	Enter		or Type III non-functionally of supported organizations		organization			
g	Provid	de the follow	ing information about the s	upported organization(s)			
(i)Na	me of	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governir	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	-	
Γotal			tion Act Notice, see the I		Cat No 11285	-	 Schedule A (Form 9	00 000 FT) 2016

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
E	art II Support Schedule for						
	(Complete only if you ch						under Part
	III. If the organization fa	alls to qualify un	der the tests list	ed below, pleas	e complete Part	111.)	
	Section A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	6,803,698	7,652,429	8,877,550	15,145,091	7,978,909	46,457,677
2	include any "unusual grant ") Tax revenues levied for the						
-	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	6,803,698	7,652,429	8,877,550	15,145,091	7,978,909	46,457,677
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						32,460,755
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						13,996,922
	Section B. Total Support				T		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
7		6,803,698	7,652,429	8,877,550	15,145,091	7,978,909	46,457,677
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	604,036	534,702	603,205	657,715	662,971	3,062,629
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	o	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	26,507	14,526	26,270	35,320	19,934	122,557
11	Total support. Add lines 7 through 10						49,642,863
12	Gross receipts from related activities,	etc (see instruction	ons)			12	13,796,385
13	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fıfth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here					▶ □	
	Section C. Computation of Public		_				
14	Public support percentage for 2016 (lin	ne 6, column (f) dı	vided by line 11, co	olumn (f))		14	28 20 %
15	Public support percentage for 2015 Sc	hedule A, Part II, l	ine 14			15	27 23 %
16 a	33 1/3% support test—2016. If the	organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox
Ŀ	and stop here. The organization quali 33 1/3% support test—2015. If th				nd line 15 is 33 1/3	3% or more, check	▶ □ this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets	:— 2016. If the org n meets the "facts	ganization did not o -and-circumstance	check a box on line s" test, check this	box and stop her	e. Explain	▶□
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.	▶

Section A. Public Support									
the organization fails to qualify under the tests listed below, please complete Part II.)									
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT								

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	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) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

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10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination			
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box		

		30	l	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(R) purposes.			

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
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)	5a	
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?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

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9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
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	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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 operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown what a manufacture has the last through a COL manufacture.	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 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 supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
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		
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	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	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	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	
	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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

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

Return Reference	Explanation
Schedule A, Part II, Line 17a TEN PERCENT FACTS AND CIRCUMSTANCES TEST 2015 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, the Internal Revenue Service ("Service") issued a determination letter recognizing CPM as an organization described in Code Section 501(c)(3) and as a pub lic 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, CP M has provided countless educational activities and opportunities to the residents of Cent ral 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. Howe ver, 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 sever al factors that are evaluated to determine whether an entity satisfies the 10% facts and c ircumstances test. The services and educational opportunities that

990 Schedule A, Supplemental Information

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 y ear period after receiving the CPM Determination Letter, CPM satisfied and continues to sa tisfy the required 10% public support test. CPM enjoys wide and significant

> support from I ndividuals, corporations, foundations, municipalities, and government entities CPM has in excess of 7,000 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 stu-

dents 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, cor porate sponsorships, major gifts, in-kind gifts, foundation grants, and estate gifts. A de velopment team, consisting of an Annual Fund manager, Corporate Development Director, Gran t Writer, Vice President and CDO, 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 o perations also include a research/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 r

Explanation

990 Schedule A, Supplemental Information

Return Reference

epresentative number of persons will be taken into consideration" in determining whether an organization Schedule A, Part II, Line 17a TEN satisfies the public support test. CPM clearly exemplifies an organization that satisfies this standard. CPM is PERCENT FACTS AND internationally renowned for its History Park, wher e individuals are able to engage, explore, and discover what CIRCUMSTANCES TEST 2015 it was like to live and play in Indiana's past Accordingly, CPM enjoys broad public support. Governmental **EXPLANATION** entities sup port CPM all throughout the school year as school corporations send their students to util ize and experience the educational opportunities offered by CPM Many schools visit CPM to utilize and allow students to engage in the History Park Additionally, CPM is also supported by over 370,000 individuals that visit the museum every year, further illustrating the public impact of CPM. Of the 370,000 plus individuals that visit CPM annually, approxima tely 60,000 are visiting as part of a school-sponsored program (students) Furthermore, CP M'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 \$110 Finally, the influence of CPM is also shown by the summer camp that it hosts on an annual basis where over 2,000 children participate each summer The public support of CPM is also illust rated through the representative governing body of CPM According to Treas Reg sec 1 17 0A-9T(f)(3)(iii)(C), an organization will be viewed as being publicly supported if the "go verning body" represents the broad interests of the public, rather than the personal or p rivate interests of a limited number of donors" and where the directors "are persons havin a special knowledge or experti

se in the particular field or discipline in which the organization is operating "To ensur e 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-five (35) 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 su bstantial gifts for the benefit of a non-profit organization."

Explanation

990 Schedule A, Supplemental Information

Return Reference

	acinonistrated ability to raise and/or make 3d bitantial girts for the benefit of a non-profit organization
Schedule A, Part II, Line 17a TEN	Finally, to help ensure the quality and experience CPM provides is at the highest level, each director must have
PERCENT FACTS AND	exp erience with a history museum and/or interest in early American history." For all these re asons, CPM's
CIRCUMSTANCES TEST 2015	Board of Directors illustrates that CPM is a publicly supported organization. Finally, CPM's public support is
EXPLANATION	Illustrated by the educational activities it provides th at directly benefit the public Treas Reg. Sec. 1 170A-9T
	(f)(3)(III)(d)(1) contemplates t hat an organization that provides facilities or services directly for the benefit of
	the g eneral public illustrates that it is a publicly supported organization, and specifically i dentifies a museum
	as an organization that satisfies this criteria CPM is just that a mu seum that provides both facilities and
	services directly for the benefit of the public. This is evidenced by the fact that CPM is an affiliate of the
	Smithsonian Museum Not only d oes 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 fur thers 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. 1.1704-9T(f)(3)

990 Schedule A, Supplemental Information Return Reference Explanation DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 17627 0, COLUMN B - 14526 0, COLUMN C -Schedule A. Part II. Line 10 Other 16405 0. COLUMN D - 19945 0. COLUMN E - 14994 0. COLUMN F - 83497 0. DESCRIPTION - FUNDRAISING GROSS RECEIPTS, COLUMN A - 8880 0, COLUMN B - 0 0, COLUMN C - 9865 0, COLUMN D - 15375 0. Income COLUMN E - 4940 0, COLUMN F - 39060 0,

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493312017597

OMB No 1545-0047

Supplemental Financial Statements (Form 990)

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

Attach to Form 990.

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

Open to Public Inspection

	me of the organization NNER PRAIRIE MUSEUM INC				Empi	oyer identific	ation nui	mber
						102627		
Pa	Tt I Organizations Maintaining Donor Complete if the organization answere				s or Acco	ounts.		
		(a) Donor advised			(b)F	unds and other	r accounts	<u> </u>
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 funds are the organization's property, subject to t				advised		☐ Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					pose	☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization a	nswei	ed "Yes" on F	orm 990,	Part IV, line	7.	
1	Purpose(s) of conservation easements held by the	e organization (check all	that ap	ply)				
	\square Preservation of land for public use (e g , rec	reation or education)		Preservation of	an historic	ally important	land area	
	Protection of natural habitat			Preservation of	a certified	historic structi	ure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conserva	tion coi	ntribution in the	form of a	conservation Held at the	End of th	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easemen	ts			2b			
c	Number of conservation easements on a certified		•		2c			
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06,	and no	ot on a historic	2d			
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, exting	juished	, or terminated	by the orga	anızatıon durın	g the	
4	Number of states where property subject to conse	ervation easement is loca	ted ▶		_			
5	Does the organization have a written policy regar and enforcement of the conservation easements i		ring, in	spection, handli	ng of violat	ions,	'es □	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of v	riolation	ns, and enforcing	g conserva	tion easements	during th	ne year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violati	ons, ar	d enforcing con	servation e	asements duri	ng the yea	ar
8	Does each conservation easement reported on lin	e 2(d) above satisfy the	require	ments of sectio	n 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	, ,	·				′es □	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 or						
Par	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historic			ther Sin	nilar Assets.	1	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, o	educatı	on, or research	ın furthera			s of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to re	port in	its revenue sta	tement and			
((i) Revenue included on Form 990, Part VIII, line 1					> \$		
(ii)Assets included in Form 990, Part X					▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under				inancıal ga	in, provide the		
а	Revenue included on Form 990, Part VIII, line 1					▶ \$		
b	Assets included in Form 990, Part X					▶ \$		<u></u>
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.		Cat	No 522830	Schedule	D (Form	990) 2016

Par	2111	Organizations M	aintaining Col	<u>lections of Art, F</u>	<u> Historic</u>	cal Tr	easu	ires, or (Other	Similar A	ssets (co.	ntınued)	
3		the organization's acq (check all that apply)	juisition, accessioi	n, and other records,	, check a	iny of t	he fo	llowing tha	at are a	significant	use of its c	ollection	
а	✓	Public exhibition			d		Loan	or exchan	ge prog	ırams			
b	\checkmark	Scholarly research			е		Othe	r					
С	✓	Preservation for future	e generations										
4	Provide Part	de a description of the	organization's col	lections and explain	how the	y furth	er the	e organizai	ion's ex	xempt purp	ose in		
5		g the year, did the org s to be sold to raise fui								nılar	☐ Yes	✓ N	lo
Par	t IV	Escrow and Cust Complete if the or X, line 21.			m 990,	Part	IV, ∣ı	ine 9, or i	eporte	ed an amo	unt on Fo	rm 990,	Part
1a		e organization an agent ded on Form 990, Part		an or other intermed	liary for	contrib	ution	s or other	assets	not	Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fo	llowing	table		Г			Amount		_
С	Begin	ning balance		·	_				1c				_
d	-	ions during the year							1d				_
e	Dıstrı	butions during the yea	.r						1e				_
f	Endın	ig balance							1f				
2a	Dıd tl	ne organization include	an amount on Fo	orm 990, Part X, line	21, for e	escrow	or cu	ıstodıal acc	count lia	ability?	☐ Yes		— lo
b	If "Ye	s," explain the arrange										<u>. Ц</u>	
Pa	rt V	Endowment Fun	ds. Complete If							· · · · · · · · · · · · · · · · · · ·			
	_			(a)Current year		or year	-	(c)Two yea		(d)Three ye		e)Four yea	
	-	ing of year balance .		103,474,772		.03,142,	-	104,	227,089		5,578,232	89	,298,070
		outions		503,388 7,541,886		6,868, -833,			407,010 257,429		270,840 1,507,436	10	877,295 657,050,
		estment earnings, gair	•								·		-
		or scholarships		5,492,182		5,335,	,643	5,	424,176		5,188,589	4,	,854,984
	and pr	expenditures for facilitions ograms	es	287,351		367,			324,866		940,830		399,199
		strative expenses .		0			0		0		0		0
g	End of	year balance		105,740,513	1	.03,474,	,//2	103,	142,486	104	1,227,089	95,	,578,232
2		de the estimated perce	-	•	(line 1g	, colun	nn (a))) held as					
а		d designated or quasi-e		94 05 %									
b		anent endowment 🟲	5 95 %										
C		orarily restricted endo) %									
		percentages on lines 2a		•									
3a		here endowment funds nization by	not in the posses	sion of the organizat	lon that	are ne	ia an	ia aaminist	erea ro	r tne		Yes	No
	_	nrelated organizations									3a(No
	(ii) r	elated organizations .									3a(i	i) Yes	
b		es" on 3a(II), are the re	-				•				. 3b	Yes	
4	Descr	ribe in Part XIII the inte			wment fu	unds							
Par	t VI	Land, Buildings,			000	Doub T	۰. ا		00 F0W	000 D-	⊶t V lino	10	
	Descri	ption of property	(a) Cost or oth		or other b					lepreciation)Book valu	е
1 2	Land		 										
	Land Buildin							-					
						76	7,482	-		277,146	-		490,33
		old improvements					0,323			814,994			•
-	⊏auıbn	nent	1	ı						814 994			1,065,329
						1,00	0,323			01.,,,,,			

	Can Form 000 Part V line 12				
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book		(c)Method o	f valuation ear market value
(1)Financial				,	
(3) Other	icia equity interests	-			
(A)					
В)					
C)					
D)					
(E)					
[F)					
(G)					
(H)					
rotal. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the org	anization ar	swered 'Yes'	on Form 990	Part IV. line 11c.
	See Form 990, Part X, line 13.	b) Book value			
	(a) Description of investment	b) book value		(c) Method o ost or end-of-ye	ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8)					
(8) (9) Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11c	1 See Form 990	, Part X, line 15
8) 9) Total. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, P	art IV, line 11c	l See Form 990	, Part X, line 15 (b) Book value
8) 9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11d	l See Form 990	
9) Fotal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11d	l See Form 990	
8) 9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11d	I See Form 990	
9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11d	See Form 990	
9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11c	See Form 990	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11d	i See Form 990	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11c	See Form 990	
(S)	Other Assets. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, line 11c	See Form 990	
(S)	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, P	art IV, line 11d	See Form 990	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' or (a) Description				(b) Book value
(S)	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description	· · · · · · · · · · · · · · · · · · ·			(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal 1) Federal	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) (9) Fotal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colum Part X 1) Federal 1) Federal	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) (9) Fotal. (Colum Part IX 1) 2) 3) 4) 5) (6) 7) 8) 9) Fotal. (Colum Part X 1) Federal 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
8) (9) Fotal. (Colum Part IX 1) 2) 3) 4) 5) 6) Fotal. (Colum Part X 1) Federal 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value
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(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered 'Yes' or (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	 orm 990, Par		(b) Book value

Add lines 4a and 4b .

1

2

а

b

c

d

е

b

Part XII

5

1

2

а b

d

3

4

а

b

C

5

Schedule D (Form 990) 2016

Page 4

3 Subtract line 2 4 Amounts inclu Investment exp

Other (Describe in Part XIII)

Donated services and use of facilities .

Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, but not on li
Investment expenses not included on Form 990, Part VIII, line

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Total revenue, gains, and other support per audited financial statements

ine 1 e 7b .

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

2a

2b

2c

2d

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, lin

2e

3

4c

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

2e		
3		
4 -		
4c 5		
<u> </u>		
any addıtıonal ınformatı		
	•	

Schedule D (Form 990) 2015

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 Explanation See Additional Data Table

Page 5	Schedule D (Form 990) 2015		
inued)	Part XIII Supplemental Information (co		
Explanation	Return Reference		

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000421 Software Version: 2016v3.0

EIN: 20-3402627

Name: CONNER PRAIRIE MUSEUM INC.

Supplemental Information

statement footnote

Return Reference Explanation Schedule D, Part III, Line 1a Conner Prairie Museum, inc. maintains an extensive collection of items from 1800 to 1945 t Collections of art - financial hat are relevant to Central Indiana during those time periods. Due to the difficulty in es tablishing a value for Collections, purchases are expensed as purchased. Standard museum p rocedures are used in accessioning, deaccessioning, cataloging and managing objects. The m useum'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 35 and 56 deaccessions and 199 and 148 accessions in 2016 and 2015, respectively

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	Conner Prairie Museum, Inc. is divided into several sections, all of which contain art and historical treasures. The 1863 Civil War Journey includes several buildings and displays which highlight what life was like in Indiana during the Civil War. The Porter's farm and home and the school are decorated with historic art and heirlooms from the 1800's. The ced ar chapel covered bridge can be considered a historical treasure itself as it was built in the early 1900's and then moved to the museum for preservation. The 1836 Prairietown includes several buildings and displays which highlight what life was like in the early 1800's in Indiana. Dr. Campbell's home is filled with equipment and displays about early 19th-ce ntury medical procedures and practices. Barker's pottery shop has a historic kick-wheel, killin, and many more pottery-related treasures. The Conner house and garden feature heirloom gardens and historical treasures. The Conner homestead has hands-on exhibits and activities to explore what life was like in 1825. The loom house features beautiful textile looms which demonstrate how fabrics and textiles were produced many years ago. The 1859 balloon volve yage displays components of one of the earliest chapters in aviation history. The flight school pavilion is one of the most popular exhibits in the museum. All of the exhibits in the Conner Prairie Museum, Inc. further the organization's exempt purpose to educate divers eaudiences about the past. Conner Prairie Museum, Inc. is focused on educating visitors a bout the history of Indiana. These exhibits and historical treasures are essential to that mission.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT FUNDS HELD BY CONNER PRAIRIE FOUNDATION, INC (A RELATED ORGANIZATION) ARE to provide SUPPORT for THE PROGRAMS AND OPERATIONS OF CONNER PRAIRIE MUSEUM, INC

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Museum is exempt from income taxes on income from related activities under Section 501 (c)(3) of the U.S. Internal Revenue Code. Additionally, the Museum is considered to be a public foundation. The Museum would be subject to income tax if any unrelated business income is generated during the year. For tax reporting purposes the 1859 Balloon Voyage LLC is considered a disregarded entity of the Museum and its activities are reported as the pare intorganization's information. Current accounting standards require the Museum to disclose the amount of potential benefit or obligation to be realized as a result of an examination performed by a taxing authority. For the years ended December 31, 2016 and 2015, management has determined that the Museum does not have any tax positions that result in any unce trainties regarding the possible impact on the Museum's financial statements. The Museum does not expect the total amount of unrecognized tax benefits to significantly change in the

e next 12 months

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312017597 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization CONNER PRAIRIE MUSEUM INC 20-3402627 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

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. (b) Event #2 (a)Event #1 (c)Other events (d) Total events Vintage Wheels and (add col (a) through Wine (event type) (total number) col (c)) Revenue (event type) 1 Gross receipts. 41,633 41,633 2 Less Contributions. 36,693 36,693 3 Gross income (line 1 minus 4,940 4,940 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 0 7 Food and beverages 12,390 12,390 8 Entertainment 750 750 Other direct expenses 8,574 8,574 **10** Direct expense summary Add lines 4 through 9 in column (d) . 21,714 11 Net income summary Subtract line 10 from line 3, column (d) . . . -16,774 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			ganization ▶ \$ and th	ne			
	amount of gaming revenue retained b	y the third party $ hildsymbol{ ho}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilder$ $\$$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□ No	
b	·		uted to other exempt organizations or spent				
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt	
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201

efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -					DLN: 9	34933120	17597
Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Pepartment of the reasury nternal Revenue Service Tensury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .							2 ope	No 1545-004 2016 en to Public nspection	7
Name of the organization CONNER PRAIRIE MUSE	UM INC						yer identification	number	
	Information on Grant					20-34	02627		
the selection crite Describe in Part I Part II Grants an	ation maintain records to sub eria used to award the gran V the organization's proced d Other Assistance to Do red more than \$5,000 Part	ts or assistance? ures for monitoring the uso mestic Organizations ar	e of grant funds in the Un	ited States		·	Part IV, line 21,	Yes	□ No
(a) Name and addr organization or governmen	, ,	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descr non-cash a		h) Purpose o	f grant
(1) Conner Prairie Founda 13400 Allisonville Rd Fishers, IN 46038	20-3402547	501 (C) (3)	1,096,872	0	n/a	n/a	Pro	ogram Suppo	rt
3 Enter total numb	er of section 501(c)(3) and er of other organizations list n Act Notice, see the Instruct	ted in the line 1 table						e I (Form 990	1 0

Explanation

Schedule I (Form 990) 2016

(5)

(6)

(7)

Part IV

grant funds

Return Reference Schedule I, Part I, Line 2

Procedures for monitoring use of

for the appropriate programs and activities of Conner Prairie Foundation, Inc.

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

Conner Prairie Museum, Inc. remits grant funds to Conner Prairie Foundation, Inc. All large grants paid are reviewed by key members of Conner Prairie Museum, Inc.'s

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

Page 2

Schedule I (Form 990) 2016

Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493312017597

Employer identification number

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 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 Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo 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? 5а Νo 5h Any related organization? 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 Νo 6b Any related organization? 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 67 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)?

VP & CDO

(ii)

Page 2

For 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

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	• •	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Norman O Burns II President & CEO	(i)	163,532	8,208	1,191	8,852	15,064	196,847	0
	(ii)	0	0	0	0	0	0	0
2 Kyle L Wenger VP & CFO	(i)	136,592	7,227	438	11,065	13,598	168,920	0
	(ii)	0	0	0	0	0	0	0
3 Cathryn C Ferree		120 837	4 405	=0.4			.=	

3 Cathryn C Ferree 594 120,837 6,695 9,933 16,401 154,460 VP & COO (ii) 4 Karrie Zuccarello 140,000 7,166 258 10,904 158,328

Selleddie 3 (1 01111 330) 2013	rage 3							
Part III Supplemental Information								
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							
	- The state of the							

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312017597 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** CONNER PRAIRIE MUSEUM INC 20-3402627 Part I Types of Property (c) (d) (a) (b) Check If Noncash contribution Number of contributions or Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . 2 Art—Historical treasures Art-Fractional interests Books and publications Clothing and household Cars and other vehicles Boats and planes . . Intellectual property Securities—Publicly traded . 38,022 Market value Χ 10 9 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . **16** Real estate—Commercial 17 Real estate—Other . . 18 Collectibles . . Χ 29,259 Cost 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other ▶ (Х 1,790 Cost Advertisement ' Χ 8,900 Cost 26 Other ▶ (Herbicide) Other ▶ (Χ 11,500 Cost Equipment) Other ▶ (Χ 533 Cost Oral Appliance Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016) Cat No 51227J

Schedule M (Form 990) (2016)	Page 2
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part Lumber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
reporting method for number of	Securities - Publicly traded - Number of Contributions Food inventory - Number of Contributions Other - Advertisement Number of Contributions Other - Herbicide Number of Contributions Other - Equipment Number of Contributions Other - Oral Appliance Number of Contributions
	Schedule M (Form 990) (2016)

efile GRAPHI	C prir	nt - DO NOT PROCESS	As Filed Data -		DLN:	93493312017597
(Form 990 or 9 EZ) Department of the Tre	CHEDULE O orm 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at				OMB No 1545-0047 2016 Open to Public Inspection fication number	
CONNER PRAIRIE M	USEUM I	NC pplemental Information	n		20-3402627	
Return Reference				Explanation		
Form 990, Part III, Line 4a HISTORIC MUSEUM EXPERIENCE	THE ET THO Y WIT IS A DEST AND HE CHOSE A A CREE A A CREE A A CREE A CRE	S IS DRAWN LARGELY FROM BALANCE BEING ADULTS AND BALANCE BEING ADULTS AND BE SCHOOL GROUPS FROM THIN THE SCHOOL DISTRICTORY OF THE STINATION FOR FAMILIES WE CONTROLL TO THE STINATION BEST TO CARE FOUGHT AFTER DESTINATION FOR BUSINESSES AND THE RICH TO DATES FOR BUSINESSES AND THE PRIMARY OF THE STINATION FOR EALLED "CREATE CONNER AND THE STINATION OF THE STINAT	M CÉNTRAL INDIAN ND SENIORS APPRO SENIORS APPRO COME FROM ALMO THE GREATER IN ITS AS A GENERAL EXEMPLE OF THE ENVIRONMENT OF THE ENVIRONMENT OF THE BEAUTY, IN SELL RECRUITS OF ARY VISITOR EXPERT WHERE INDIAN OF THE CONNER A CLOSER LOOT OF THE CONNER AND PRETEND A FURTH (CELEBRATING) CRAFT CORNER A AND PRETEND A FURTH (CELEBRATING) CRAFT CORNER A AND PRETEND A FURTH (CELEBRATING) CRAFT CORNER A COND RAILROAD AN INTIMATE DINING CELY, THE MUSEUM	GENERAL AUDIENCE OF OVE A APPROXIMATELY 60% OF A OXIMATELY 60,000 SCHOOL G OST EVERY COUNTY IN INDIA DIANAPOLIS METROPOLITAN L RULE, THEREFORE, SCHOO AL ATTENDANCE FOR THE MI ALL AGES, IT IS A PLACE WHE NEW INTERESTS, AND EXPLO ITS CAN SHARE MEMORIES W MENT FOR FAMILIES WITH YO EACHERS, A PLANNED FIELD T WHILE ENCOURAGING INTE TEGRITY AND PROGRAMMING N RELOCATING TO THE AREA RIENCE CURRENTLY INCLUDE ER HOMESTEAD, 1836 PRAIR OUTDOOR ATTRACTION IS TH K AT OUR NATURAL SETTING PRAIRIE COMPLEX HERE, YO NA'S INNOVATIVE SPIRIT IS CE ILLOW KIDS AGES 8 AND YOU PARTIAL LIST OF CONNER PR. G THE NATION'S BIRTH CIRCA OGY, ENGINEERING AND MATH PORTATION), FOLLOW THE N CONDUCTED FOR SCHOOL G EXPERIENCE WITH THE GUE IS NOT JUST A PURVEYOR O OF INQUISITIVE STUDENTS O	ATTENDEES ARE TO THE PARTICIPA NA AND NEIGHBO AREA REFLECT TO LE GROUP PARTICIPA SUBJECT OF THE	YOUTH WITH ANTS VISI DRING STATES THE DIVERSIT IPATION R PRAIRIE IS JPPLE ENCE, ART DREN, OR TA IT IS A MU PRAIRIE I ACTS, FIGUR AIRIE IS A ET TO TH HISTORY LLOON V POST AND N COME CENTE EXHIBIT OSS FROM O CLIMB, PROGRA TY FAIR MACHINES (MMERSION GENERAL PUBLIC IN 1836 CONTINU

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

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	According to the organization's bylaws, the Board of Directors may create one or more comm ittees to assist in carrying out any of the purposes of the Corporation, define the respon sibilities 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 is hall appoint the members of each committee. At least two members of each committee shall be a 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 of her 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 dete rmining 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 compensation respons ibilities.

990 Schedule O, Supplemental Information

Return Reference	Explanation	
Form 990, Part VI, Line 11b Review of form 990 by governing body	A draft of the Form 990 is provided to each member of the audit committee for their individual review. An overview of the Form 990 is then presented to the audit committee by the paid tax return preparer and the senior management of Conner Prairie Museum, Inc. The presentation and meeting include a detailed discussion of the form 990 answering any 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 (which is not a required disclosure pursuant to Internal Revenue Code (IRC) Section 6104), are provided to e	

very voting member of the governing body before it is filed with the IRS

tential conflicts

Return Reference	Explanation
Form 990,	Every year, a conflict of interest questionnaire is sent to each interested person of the
Part VI, Line	organization. After the questionnaires are completed, they are reviewed by the audit commi
12c Conflict	ttee and the governance committee for potential conflicts of interest. The governance comm
of interest	Ittee is comprised of board members and a staff liaison. At least one member of this commi
policy	ttee is present at all board meetings to ensure that board members with potential conflict
	s abstain from participating in discussions and voting on transactions related to those po

Return Reference	Explanation
15a Process to establish	The Executive Compensation Committee, consisting of three Board members, conducted a performance evaluation survey of the President/CEO. The entire Board had the opportunity to rat eithe President/CEO and offer comments. The Committee analyzed the results of the survey, researched comparative compensation data, and made a recommendation to the Board Chair. The eight data was then reviewed and approved by the Chair who then presented his recommendation to the Board in an Executive Session.

Return Reference
Form 990, Financial statements, governing documents, and conflict of interest policies are not requi

Part VI, Line
19 Required
documents
available to
the public

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. **2016**

DLN: 93493312017597 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service						Inspe	ction	
Name of the organization CONNER PRAIRIE MUSEUM INC					Employer ident	ification number		
CONNER FRANCE PIOSEOFI INC					20-3402627			
Part I Identification of Disregarded Entities Complet	e if the o	rganization answer	ed "Yes" on Form	990, Part IV, line 3	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (st		(e) End-of-year assets	(f) Direct controlling entity		
(1) 1859 BALLOON VOYAGE LLC 13400 ALLISONVILLE ROAD FISHERS, IN 46038 27-0660566		1859 BALLOON VOYAGI EXHIBIT	E IN	275,533	947,807	CONNER PRAIRIE MUSEUM I	NC	-
								_
								-
								- -
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax year (a) Name, address, and EIN of related organization		mplete if the organ (b) Primary activity	(c) Legal domicile (state or foreign country)	"Yes" on Form 990, (d) Exempt Code section	Part IV, line 34 b (e) Public charity status (if section 501(c)(3))	pecause it had one or r (f) Direct controlling entity	Section (13) co	ontrolled
							Yes	No
(1)CONNER PRAIRIE FOUNDATION INC 13400 ALLISONVILLE ROAD		PORT CONNER IRIE MUSEUM	IN	501(c)(3)	11	CONNER PRAIRIE MUSEUM INC	1 Yes	
FISHERS, IN 46038 20-3402547							_	
							-	
							_	
							<u> </u>	_
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Cat No 5013	<u> </u> 35Y		Schedule R (Form	990) 2	 016

		1 // // //	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	control
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Schedule R (Form 990) 2016		P	age 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	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?		\top	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1	а	No
b Gift, grant, or capital contribution to related organization(s)	1	b Yes	
c Gift, grant, or capital contribution from related organization(s)	1	.c Yes	
d Loans or loan guarantees to or for related organization(s)	1	d	No
e Loans or loan guarantees by related organization(s)	. 1	.e	No
f Dividends from related organization(s)	1	.f	No
g Sale of assets to related organization(s)	1	g	No
h Purchase of assets from related organization(s)	1	h	No
i Exchange of assets with related organization(s)	1	.i	No
j Lease of facilities, equipment, or other assets to related organization(s)	. 1	j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1	k Yes	<u> </u>
l Performance of services or membership or fundraising solicitations for related organization(s)	1	ll Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1	.m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. 1	ln Yes	
o Sharing of paid employees with related organization(s)	. 1	o Yes	
p Reimbursement paid to related organization(s) for expenses	1	р	No
q Reimbursement paid by related organization(s) for expenses		q	No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	<u> </u>
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
	Other transfer of cash or property to related organization(s)	1 r		No

р	Reimbursement paid to related organization(s) for expenses				1p No
q	Reimbursement paid by related organization(s) for expenses				1q No
r	Other transfer of cash or property to related organization(s)				1r No
s	Other transfer of cash or property from related organization(s)				1s No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lii	ne, including covered i	relationships and tra	insaction thresholds	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involved
(1) Co	nner Prairie Foundation Inc	В	1,065,000	Book Value	<u> </u>

С

0

5,492,182

58,000

Book Value

Allocated Cost

Schedule R (Form 990) 2016

(2)Conner Prairie Foundation Inc

(3)Conner Prairie Foundation Inc

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

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016

