efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Form 990

Return of Organization Exempt From Income Tax

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

DLN: 93493310012348 OMB No 1545-0047

			foundations)				201	. /
-		of the Treasurv enue Service	 Do not enter social security numbers on this form as it may Information about Form 990 and its instructions is at www. 				Open to F Inspect	
A F	or th	e 2017 c <u>al</u>	endar year, or tax year beginning 01-01-2017 ,and ending 12-31	-2017				
		аррисавіе	C Name of organization CONNER PRAIRIE MUSEUM INC		D Employ	er ident	ıfıcatıon num	ıber
		change	COMENTO UNIC		20-340	2627		
	ıme ch ıtıal re	_	Doing business as					
		n/terminated						
		d return	Number and street (or P O box if mail is not delivered to street address) Room/suit 13400 ALLISONVILLE ROAD	e	E Telephor	ie numbe	} Γ	
□ Ap	plicati	on pending			(317) 7	76-600	0	
			City or town, state or province, country, and ZIP or foreign postal code FISHERS, IN 46038		G Gross re	ceıpts \$	12,130,003	
			F Name and address of principal officer	H(a)	Is this a group re	turn for		
		I .	Norman O Burns II		subordinates?		□Yes	✓ No
		I .	FISHERS, IN 46038	H(b)	Are all subordinatincluded?	es	☐ Yes	s 🗆 No
I Ta	x-exer	mpt status	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no) ☐ 4947(a)(1) or ☐ 527		If "No," attach a	list (see	e instruction	ıs)
J W	ebsit		connerprairie org	H(c)	Group exemption	numbe	r Þ	,
						1		
K Fori	m of o	rganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year o	of formation 2005	M State	e of legal dom	ıcıle IN
Pa	rt I	Summ	ary			l.		
Governance	1		ribe the organization's mission or most significant activities rie Museum, Inc Inspires curiosity and fosters learning about Indiana histo	ory by p	providing engaging	g, ındıvı	dualized and	d unique
	2 3	Check this Number of	box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of movoting members of the governing body (Part VI, line 1a)	ore tha	n 25% of its net a	ssets		34
Activities &	1		independent voting members of the governing body (Part VI, line 1b)			4	_	33
Tre-	1		per of individuals employed in calendar year 2017 (Part V, line 2a)			5		425
₹	1		per of volunteers (estimate if necessary)			6	1	591
ă	1		ated business revenue from Part VIII, column (C), line 12			7a		473,692
	1		red business taxable income from Form 990-T, line 34			76	,	-43,557
			<u>'</u>		Prior Year	\top	Current Y	`
•	8	Contributio	ns and grants (Part VIII, line 1h)		7,978,9	909	•	5,662,759
ēnuē	9	Program se	rvice revenue (Part VIII, line 2g)		2,432,:	129		2,778,836
3	1	-	income (Part VIII, column (A), lines 3, 4, and 7d)			307		3,736
α	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,727,	709		1,864,044
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,139,			1,309,375
	+		similar amounts paid (Part IX, column (A), lines 1–3)		1,096,8	372		550,236
	1		id to or for members (Part IX, column (A), line 4)		·	0		0
φ.	15	Salaries, ot	ther compensation, employee benefits (Part IX, column (A), lines 5–10)		7,187,6	572		7,073,508
ાકહ્ક	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		·	0		0

Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

22 Net assets or fund balances Subtract line 21 from line 20

b Total fundraising expenses (Part IX, column (D), line 25) ▶522,811 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

19 Revenue less expenses Subtract line 18 from line 12 .

20 Total assets (Part X, line 16) .

Signature of officer

Cyle Wenger Vice President & CFO

21 Total liabilities (Part X, line 26) .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	7	.,
Daid		
Paid		

Preparer Use Only

Net Assets or Fund Balances

Sign Here

Тур	e or print name and title				
	Print/Type preparer's name KENNETH J KEBER	Preparer's signature KENNETH J KEBER	Date	Check I if self-employed	PTIN P00240883
	Firm's name ► CROWE LLP			Firm's EIN > 3	5-0921680
	Firm's address ► 135 N Pennsylvania Stre	Phone no (317) 632-1100		
	Indianapolis, IN 46204				

3,846,666

8,344

12,131,210

4,778,259

4,238,494

539,765

Beginning of Current Year

2018-11-06

☑ Yes ☐ No

3,675,046

11,298,790

4,961,389

4,249,079

712,310

End of Year

10,585

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Par	t III	Statement of P	rogram Servic	e Accomplis	hments			
		Check if Schedule	O contains a respo	nse or note to a	any line in this Part III			. 🗆
1	Briefly	describe the organ	ization's mission					
		ie Museum, Inc. ins	pires curiosity and	fosters learning	g about Indiana history b	y providing engaging, individualize	ed and unique	
expe	riences							
	Did th	e organization unde	rtake anv significa	nt program serv	vices during the year whi	ich were not listed on		
		or Form 990 or 990			• ,		□ Yes 🗹	No
	-	s," describe these ne						
3	Did th	e organization cease	conducting, or m	ake significant i	changes in how it conduc	cts, any program		
	servic	es?					☐ Yes 🖸	✓ No
	If "Yes	s," describe these ch	anges on Schedul	e O				
4	Sectio		l(c)(4) organizatio	ns are required	to report the amount of	argest program services, as meast grants and allocations to others, t		
4a	(Code) (Expenses \$	7,998,570	including grants of \$	550,236) (Revenue \$	2,321,482)	
	See Ad	ldıtıonal Data						
4b	(Code) (Expenses \$	1,136,099	including grants of \$	0) (Revenue \$	1,194,603)	
	See Ad	ditional Data						
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
	-							
4d		program services (I		•	_) (D	,	
	• •	nses \$		uding grants of	<u> </u>) (Revenue \$)	
4e	Total	program service	expenses 🟲	9,134,6	69			

or X as applicable

Checklist of Required Schedules

Yes

Yes

Page 3

No

Nο

No

No

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Νo

No

Form **990** (2017)

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

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

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

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)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

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

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

4 5

Yes

Yes

Yes

Yes

Yes

Yes

6

7

8

q

10

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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i age i	,								
ved)	Part IV Checklist of Required Schedules (continued)								
Yes No									
s? If "Yes," complete Schedule H 20a No	20a Did the organization operate one or more hospital facilities? If "Yes								
200									

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

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

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

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

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

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

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 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,

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

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 . . .

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)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes 21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Yes

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Page 4

Νo

No

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Nο

Nο

Nο

Nο

Nο

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Nο

orm !	990 (2017)			Page !
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 85			
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	
D	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
·	If res, to fine 3a of 3b, and the organization merofin 6000-1.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
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		
	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)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	42-		
	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	13a		
c	Enter the amount of reserves on hand			
	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 7 If "No," provide an explanation in Schedule O	14b		<u> </u>
	IT 163, has to filed a Form 720 to report these payments IT 180, provide all explanation in Schedule O		orm 99	0 (201)

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Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·		
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34		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 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		
	Ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed► IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Nyle Wenger 13400 Allisonville Road Fishers, IN 46038 (317) 776-6000			0 (2017)

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (D) (A) (B) (C) (E) (F) Name and Title Position (do not check more Average 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 director/trustee) organization (Worganizations (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee Former Officer organizations related Institutional Trustee below dotted organizations employee line) See Additional Data Table • c Total from continuation sheets to Part VII, Section A . • 467,598 90,755 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization 2 If "Yes," complete Schedule J for such person 5 Νo Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation LIECHTY MEDIA LLC MEDIA BUYS 398,645 120 W SUPERIOR ST FORT WAYNE, IN 46802 353,580 LODGE DESIGN INC ADVERTISING/MARKETING 7 JOHNSON AVE

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

Form 990 (2017)

INDIANAPOLIS, IN 46219

compensation from the organization ▶ 2

roim 9			_								Page 9
Part '	Ш						D				
		Check If Schedul	e O contains	a respo	onse or note to any	(A) Total rev		(B) Related or exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaign	ns	1a				revenue			512-514
nts nts		b Membership dues		1b	400,279						
s, Grants Amounts		c Fundraising events		1c							
s. G An		d Related organization		1d	4,727,447						
Sift	`	e Government grants (co		1e	147,091						
S.E	`	F All other contributions,	•	_ <u></u>	147,031						
tion or S	'	and similar amounts no above	ot included	1f	1,387,942						
Contributions, Gifts, Grants and Other Similar Amounts	١,	Noncash contribution	ons included								
a de la compa	-	ın lınes 1a-1f \$		120,	.585						
Contand	h	Total.Add lines 1a-1	f		•	6,66	2,759				
<u> </u>					Business	Code					
ven	2a	Admissions & Fees				900099	2,37	78,556	2,378,556		
æ	b	Membership Dues				900099	40	00,280	400,280		
Program Service Revenue	С			_							+
Ş.	d			_							
anı	e			_				0	С		0 0
rogı		All other program se			2,	778,836					•
<u> </u>		Total.Add lines 2a-2f			<u> </u>			T			
		Investment income (ir similar amounts) .			nterest, and other		3,801				3,801
		Income from investme			ond proceeds	•					
	5 F	Royalties				•					
		_	(ı) Rea	ı	(II) Personal						
	6a	Gross rents	,	744,593							
	b	Less rental expenses				1					
	_	: Rental income or	-	744,593		0					
	C	(loss)	,	44,393							
	d	Net rental income of	r (loss)	•		_	744,593			91,490	653,103
	_		(ı) Securi	ties	(II) Other						
	7a	Gross amount from sales of	1	10,888							
		assets other than inventory									
	b	Less cost or				-					
		other basis and sales expenses	1	110,953							
		Gain or (loss)		-65		0					
		Net gain or (loss) .			<u> </u>		-65				-65
a	ъа	Gross income from for (not including \$	_	ents of							
nue		contributions reporte See Part IV, line 18		. a l							
le v	h	Less direct expenses		b		\dashv					
ř		: Net income or (loss)			ents	_					
Other Revenue	9a	Gross income from g		ies							
O		See Part IV, line 19		a							
	b	Less direct expenses	s	b		-					
		: Net income or (loss)		I	ies	_					
	10a	Gross sales of invent									
		returns and allowand	es	al	1,816,127	,					
	b	Less cost of goods s	old	b	709,675	_					
		: Net income or (loss)		ı ınvent	ory	_	1,106,452	72	4,250	382,202	
		Miscellaneous			Business Code						
	11	a Mıscellaneous reven	ue		90009	9	12,999	1	2,999		
	b										
	C	=							T		
		All other revenue .					0		0	0	0
	е	Total. Add lines 11a	-11d		•		12,999				
	12	Total revenue. See	Instructions				11,309,375	3.51	6,085	473.692	656,839
							, ,	. 3,31	,	3,032	Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	•	•	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<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	550,236	550,236		
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	251,893	37,784	125,947	88,162
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	5,037,259	4,123,173	720,972	193,114
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	253,834	197,960	42,299	13,575
9 Other employee benefits	1,112,072	873,739	132,857	105,476
10 Payroll taxes	418,450	328,255	55,269	34,926
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	15,447	0	15,447	0
c Accounting	37,748	0	37,748	0

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)

b Federal Grant Expenditures

c Taxes, fees & assessments

a Donor Development

d professional dues

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees . .

12 Advertising and promotion . .

13 Office expenses . .

14 Information technology

20 Interest

23 Insurance . .

15 Royalties .

17 Travel .

16 Occupancy .

0

0

0

769,277

781,884

985,599

29,637

376,398

42,741

29,904

202,071

36,740

27,994

20,891

20,390

96,133

11,298,790

0

0

0

0 202,192 0

0

0

0

672,627

781,861

861,515

354,583

27,505

22,244

202,192

2,974

1,571

27,994

19,704

1,580

47,172

9,134,669

0

0

0

69,101

105,994

29,637

18,845

6,117

4,927

0

0

0

199,097

10,701

1,182

18,150

47,020

1,641,310

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23

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0

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24,468

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660

1,941

522,811

Form 990 (2017)

2,970

9,119

2,733

27,549

18,090

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

119.208

54,615

1.353.473

22.300

4.961.389

593,120

114,650

n

4.540

712,310

4.112.959

136,120

4,249,079

4.961.389

Form **990** (2017)

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

End of year Beginning of year 1,262,610 1 1,781,144 Cash-non-interest-bearing . 182,599 164,135 2 Savings and temporary cash investments . . . 2 1,401,997 3 1,465,670 3 Pledges and grants receivable, net . . . 4.435 4 844

2,647,805

1,294,332

(A)

0 5

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18

19

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24

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28

29

30

31 32

33

34

112.340

121.197

1.555.665

19 861

117.555

490.822

48.943

0 22

0 25

539.765

4.086.714

4,238,494

4.778.259

151.780

4.778.259

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

Notes and loans receivable, net . .

Assets Inventories for sale or use .

Prepaid expenses and deferred charges .

basis Complete Part VI of Schedule D

Investments—publicly traded securities .

10a Land, buildings, and equipment cost or other b Less accumulated depreciation

11 12

10a 10b

Investments—other securities See Part IV, line 11 . . . Investments—program-related See Part IV, line 11 .

Intangible assets Other assets See Part IV, line 11

13 14 15 16

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

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

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

17 Accounts payable and accrued expenses

18 Grants payable . . .

Total assets.Add lines 1 through 15 (must equal line 34) . . . 19 Deferred revenue

Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Page **12**

Νo

No

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

Form 990 (2017)

3	Revenue less expenses Subtract line 2 from line 1	3	10,585
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,238,494
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	

Investment expenses . 7 Prior period adjustments

Other changes in net assets or fund balances (explain in Schedule O) . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

4,249,079 **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No

Part XII ☐ Cash ☑ Accrual ☐ Other **1** Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

Schedule O

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

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

Consolidated basis

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

✓ Consolidated basis

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

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

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

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

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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2 **EIN:** 20-3402627

Name: CONNER PRAIRIE MUSEUM INC.

Form 990 (2017)

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:

(A) (C) (D) (B) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation

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

and Independent Contractors

BOARD MEMBER

William G Batt

Board Member

Michael J Berry

Board member

Marvin Blade

Board Member

William H Bryan

Board Member

	any hours	(direct	or/ti	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Jay B Ricker	1 0			Ų						
Board Chair	1 0	×		X					0	
RICHARD J THRAPP	1 0	x		x					0	
BOARD VICE CHAIR	10	1		^				٥	٥	
Mary B Ayers	1 0			,,						
Secretary	0 0	X		X					0	

BOARD VICE CHAIR	1 0						
Mary B Ayers	1 0	V	Ţ				
Secretary	0 0	×	X		U		
Alan H Cohen	1 0	×	х		0	0	
Treasurer	0 0		^		U		
Norman O Burns II	40 0						

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Secretary	0 0								
Alan H Cohen	1 0								
	•••••	X		X			0	0	
Treasurer	0 0								
Norman O Burns II	40 0								
		X		X			206,678	0	45
President & CEO	0.0								
CHRISTINE ALTMAN	1 0								
5		l 🗸	I	l	l	l	۸ ا	۱ ۸	

Alan H Cohen	10	V	.,				
Treasurer	0 0	^	×		U	0	0
Norman O Burns II	40 0		Ų		206 670	0	45.245
President & CEO	0 0	X	^		206,678	0	45,215
CHRISTINE ALTMAN	1 0						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation hours per amount of other is both an officer and a week (list from the from related compensation

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

	any hours	1	direct			ee)	•	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
BRUCE BRYANT	1 0									
BOARD MEMBER	0 0	X							J	0
J Christopher Cooke	1 0									
BOARD MEMBER	1 0	X						0	U	0
David L Cox	1 0							_	_	_
Board Member	0 0	X						0	0	0
David R Day	1 0									
Barrel Marrison	•••••	X			1			0	0	0

0

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BOARD MEMBER	1 0					
David L Cox	1 0					
Board Member	0 0	X			0	
David R Day	1 0					
Board Member	0 0	X			0	
Margaret S Dwyer	1 0	1				
		I v			1 0	

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and Independent Contractors

Board Member

Mark Ferrara

Board Member

KEITH T GAMBREL

BOARD MEMBER

JILL GROSSMAN

BOARD MEMBER

Jeff Hagerman

Board Member

Board Member

Jay B Love

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation nsation

and Independent Contractors

Board Member

Board Member

JOHN D SAUDER

BOARD MEMBER

Board Member

Jenny J Schalliol

Board Member

Philip V Scarpino PhD

Dick Ristine

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

	week (list any hours		oth a direct			and a	3	from the organization (W-	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Rita D McCluskey	1 0	x						0	0	0
Board Member	0 0							ľ		Š
Frederick A Medley	1 0	x						0	0	0
Board Member	0 0							-	-	_
Owen B Melton Jr	1 0	×						0	0	0
BOARD MEMBER	10							,		
David Mills	1 0	×						0	0	0
Board member	0 0							_	_	
J P Patterson	1 0									
Ex-Officio Board Member, President of the Horizon Council	0 0	X						0	0	0
Michael C Rechin	1 0	Х						0	0	0
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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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

and Independent Contractors

Director of Human Resources

	1 - 1	l				,		l -~\-\-\	1	1
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Shawn A Smith	1 0	x						0	0	0
Board Member	0.0							١	٥	
Lında Tyler	1 0									
Ex-Officio Board Member, President of the Alliance	0.0	×								0
Dandy Wilson	10									

Silawii A Siliidi		l ∨			٨	ا	
Board Member	0 0	_ ^				Ĭ	
Lında Tyler	1 0	l					
Ex-Officio Board Member, President of the Alliance	0 0	X			0	0	
Randy Wilson	1 0	V			0		
D 1M 1		X			l o	ı "	

Lında Tyler	1 0	V			_	_	
Ex-Officio Board Member, President of the Alliance	0 0	Α			0	0	
Randy Wilson	1 0						
Board Member	0 0	X			0	0	
Matthew W Wyatt	1 0						

Randy Wilson	1 0					0	0		^
Board Member	0 0	^				U	U	'	J
Matthew W Wyatt	1 0	v				0	0		_
D 144 1		_ ^				0	l ~		9

Board Member	0.0						
Matthew W Wyatt	1 0						
Board Member	0 0	^			0	0	
			-	$\overline{}$			

Matthew W Wyatt	1 0	v			0	0	
Board Member	0 0	^			0	9	
Kyle L Wenger	40 0						

Board Member	0.0						
Kyle L Wenger	40 0						
Vice President and Chief Financial & Operating				X	160,134	0	
Officer	0 0						

o ol

Officer	0.0						
Shelby P Slowik	40 0						
'				X	100,786	0	16,559

28,981

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93493310012348		
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3)	organization o	ort	2017	
Depar	lment of	the Treasury	▶ Infe	ormation abou	Attach to Form at Schedule A (Form	990 or Form 99	0-EZ.	ıctions is at	Open to Public Inspection	
Nam	e of th	he organiza IRIE MUSEUM						Employer identific	ation number	
		_			(AII)			20-3402627		
	rt I Irganiz				us (All organization : it is (For lines 1 thro			see instructions.		
1			•		sociation of churches	3 ,	,	(A)(i).		
2		•		·	1)(A)(ii). (Attach Scl					
3					vice organization desc	•	• •			
4		·	·	•	ed in conjunction with			•	nter the hospital's	
•	Ш		and state _	mzacion operac	ed in conjunction with	a nospital descri	bed iii section .	170(B)(1)(A)(III). L		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II)								
6		•	·	_	governmental unit de					
7	✓	_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in	
8					170(b)(1)(A)(vi)	(Complete Part I	I)			
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a	
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box	
а		Type I. A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting on t of the sup	rganization sup	ervised or controlled i					
c		Type III f	inctionally i	integrated. A s	supporting organizatio ons) You must com				ted with, its	
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar		
e		Check this	oox if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally	
f	Enter			ion-functionally Lorganizations	integrated supporting	organization				
g				-	ipported organization((c)		_		
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga	(iv) Is the organization listed in your governing document?		(vi) Amount of other support (see instructions)	
						Yes	No			
T - ·										
Tota		work Dadee-	liam Aat N-t	ice, see the I		Cat No 11285	<u> </u>	 Schedule A (Form 9		

14

15

Schedule A (Form 990 or 990-EZ) 2017

Page 2

28 75 %

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28 2 %

	(b)(1)(A)(ix) (Complete only if you ch	ecked the box o	n line 5. 7. 8. or	9 of Part I or if	the organizatio	n failed to qualif	v under Part
	III. If the organization fa						,
_	Section A. Public Support			, ,			
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(6) 2013	(d) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not	7,652,429	8,877,550	15,145,091	7,978,909	6,662,759	46,316,738
	include any "unusual grant ")						
2	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	7,652,429	8,877,550	15,145,091	7,978,909	6,662,759	46,316,738
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32,075,043
6	Public support. Subtract line 5 from line 4						14,241,695
- 5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	7,652,429	8,877,550	15,145,091	7,978,909	6,662,759	46,316,738
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	534,702	603,205	657,715	662,971	656,904	3,115,497
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	or loss from the sale of capital assets (Explain in Part VI)	14,526	26,270	35,320	19,934	12,999	109,049
11	10						49,541,284
12	Gross receipts from related activities,	etc (see instructio	ns)			12	15,417,591
13		-			•	ion 501(c)(3) orga	•

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

15 Public support percentage for 2016 Schedule A, Part II, line 14

organization

instructions

supported organization

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

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

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

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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 in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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	3b		

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				
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				
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				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.
c	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			
		3с		
4a	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		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	$\overline{}$	
	to the foleight supported organization was used exclusively for section 170(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,		
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	4a			
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 organization that does not have an IPS determination under sections.	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes				
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)				

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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

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

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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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,"

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

Pa	rt IV Supporting Organizations (continued)			-9
			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		
	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		
	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 or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
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 supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

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

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (chedule A (Form 990 or 990-EZ) 2017 Page 8			
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 m anage 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 supp ort 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 of 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 opportunitie

990 Schedule A, Supplemental Information

The following details clearly illustrate that CPM qualifies as a publicly supported organization under Tr 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 8,000 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 maintai ns 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 fu nding through a variety of approaches, including written corporate and grant
proposals, ph one 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 305,000 individuals that visit the museum every year, further illustrating the public impact of CPM. Of the 305,000 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-four (34) directors, and th eir biographies detailing the significant experience they each bring to
the Board of Direc tor'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

Finally, to help ensure the quality and experience CPM provides is at the highest level, each director must have Schedule A, Part II, Line 17a TEN 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 that 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 general public illustrates that it is a publicly supported organization, and specifically identifies a museum as an organization that satisfies this criteria CPM is just that a 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 does CPM carry out an important activity of educating individuals on the history of Indiana, but it does so in a unique and interactive manner, attracting all populations, which fur there both CPM's mission and benefit to the public. The foregoing illustrates that CPM is clearly an educational organization. that is publicly supported, as defined in Treas Reg. Sec. 1 170A-9T(f)(3)

990 Schedule A, Supplemental Information Return Reference Explanation DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 14526 0, COLUMN B - 16405 0, COLUMN C -Schedule A. Part II. Line 10 Other 19945 0. COLUMN D - 14994 0. COLUMN E - 12999 0. COLUMN F - 78869 0. DESCRIPTION - FUNDRAISING IGROSS RECEIPTS, COLUMN A - 0 0, COLUMN B - 9865 0, COLUMN C - 15375 0, COLUMN D - 4940 0, Income

COLUMN E - 0 0, COLUMN F - 30180 0.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data
SCHEDULE D | Supplemental Fina

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

DLN: 93493310012348OMB No 1545-0047

	of the organization PRAIRIE MUSEUM INC					Employe	r identification	number
CONTINENT	TIVARIE HOSEOTTIVE					20-34026	27	
Part I		ed Funds or O	her	Simil	ar Funds	or Account	ts.	
	Complete if the organization answered "Yes	on Form 990, (a) Dono				(b)F	unds and other a	ccounts
1 Tota	al number at end of year	(a) Bono	auv	Jeu iu	1143	(6)	and and other a	ccounts
	regate value of contributions to (during year)							
	regate value of grants from (during year)							
	regate value at end of year							
5 Dic	L I the organization inform all donors and donor advisor janization's property, subject to the organization's exc			ets hel	ld in donor a	dvised funds		Yes 🗌 No
cha	I the organization inform all grantees, donors, and donors aritable purposes and not for the benefit of the donor ov vate benefit?						y for npermissible	Yes 🗌 No
Part II	Conservation Easements. Complete if the	e organization a	nswe	red "\	es" on For	m 990, Par	t IV, line 7.	
1 Pur	pose(s) of conservation easements held by the organ	ızatıon (check all t	hat a	pply)				
	Preservation of land for public use (e g , recreation	or education)		Prese	ervation of a	n historically	ımportant land a	rea
	Protection of natural habitat			Prese	ervation of a	certified hist	oric structure	
	Preservation of open space							
	mplete lines 2a through 2d if the organization held a c sement on the last day of the tax year	qualified conservat	on co	ntribu	tion in the fo		ervation	f the Vear
	al number of conservation easements					2a	eid at the End of	i tile Teal
	al acreage restricted by conservation easements					2b		
	mber of conservation easements on a certified historic	structure included	l ın (a	1)		2c		
d Nur	nber of conservation easements included in (c) acquir			•	a historic	2d		
	mber of conservation easements modified, transferred year •	d, released, exting	uishei	d, or te	erminated by	the organiza	ation during the	
ı Nu	mber of states where property subject to conservation	n easement is loca	ed ►					
	es the organization have a written policy regarding the d enforcement of the conservation easements it holds?		ng, ır	specti	on, handling	of violations	, Yes	□ No
Sta ►_	off and volunteer hours devoted to monitoring, inspect	ing, handling of vi	olatio	ns, an	d enforcing o	conservation	easements during	g the year
, Am ► s	iount of expenses incurred in monitoring, inspecting, h	nandling of violatio	ns, a	nd enfo	orcing conse	rvation easer	ments during the	year
	es each conservation easement reported on line $2(d)$ and $2(d)$ is section $2(d)$ ($2(d)$).	above satisfy the i	equir	ement	s of section	170(h)(4)(B)	(ı) Yes	□ No
bal	Part XIII, describe how the organization reports conse ance sheet, and include, if applicable, the text of the i organization's accounting for conservation easement	footnote to the org					nt, and	
Part II	Organizations Maintaining Collections of Complete if the organization answered "Yes					her Simila	r Assets.	
art	he organization elected, as permitted under SFAS 116 , historical treasures, or other similar assets held for povide, in Part XIII, the text of the footnote to its financ	public exhibition, e	ducat	ion, or	research in			orks of
his	he organization elected, as permitted under SFAS 116 torical treasures, or other similar assets held for publi owing amounts relating to these items							
(i) Re	evenue included on Form 990, Part VIII, line 1					> :	\$	
(ii)As	sets included in Form 990, Part X					▶ 5		
<u>If</u> t	he organization received or held works of art, historic owing amounts required to be reported under SFAS 1					ancıal gaın, p	provide the	
		•						
a Rev	venue included on Form 990, Part VIII, line 1					> :	\$	

Par	4444	Organizations M	aintaining Coi	lections of Art,	HISTOR	icai II	reas	ures, or	Otne	r Similar .	Assets (continued)
3		the organization's acq (check all that apply)	juisition, accession	n, and other records		any of	the f	ollowing t	hat are	a significan	t use of it	s collection
а	\checkmark	Public exhibition			d		Loar	or excha	ange pro	ograms		
b	✓	Scholarly research			е		Othe	er				
С	✓	Preservation for future	e generations									
4	Provi Part :	de a description of the XIII	organızatıon's col	lections and explain	how the	ey furtl	ner th	ne organız	ation's	exempt pur	pose in	
5		ig the year, did the org is to be sold to raise fur								mılar	□ Ye	es 🗹 No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			m 990), Part	IV, I	ine 9, or	repor	ted an am	ount on I	Form 990, Part
1a		e organization an agent ded on Form 990, Part :		an or other intermed	liary for	contri	butio	ns or othe	er assets	s not	□ Y €	es 🗌 No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fo	ollowing	table					Amount	
c	Begir	nning balance							1c			
d	Addıt	ions during the year							1d			
е	Dıstrı	butions during the year	r						1e			
f	Endır	ng balance							1f			
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or c	ustodial a	ccount	liability?	□ Y €	es 🗆 No
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check here if the e	xplanat	ion has	beer	n provided	d in Part	XIII		🗆
Pa	rt V	Endowment Fun	ds. Complete ıf	the organization	answei	red "Y	es" o	n Form	990, Pa			
_	_			(a)Current year		rior yea	-	(c)Two ye				(e)Four years back
	_	ing of year balance .		105,740,513		103,474	-		3,142,48		107,019	95,578,232
		outions		550,236 16,341,313		7,541	3,388		6,868,28 -833,32		407,010 4,257,429	270,840 14,507,436
		estment earnings, gair	·									
		or scholarships		4,727,447		5,492	2,182		5,335,64	13	5,424,176	5,188,589
е		expenditures for facilition ograms	es	442,199		287	7,351		367,02		324,866	940,830
		·		0			0			0	0	0
g	End of	year balance		117,462,416		105,740),513	10	3,474,77	^{'2} 10	3,142,486	104,227,089
2		de the estimated perce	-	•	(line 1	g, colu	mn (a	a)) held a	S			
а	Board	d designated or quasi-e	endowment >	95 31 %								
b		anent endowment 🟲	4 69 %									
С	Temp	orarily restricted endo	wment ► 0	%								
		percentages on lines 2a		•								
3a		here endowment funds nization by	not in the posses	sion of the organiza	tion tha	t are h	eld ar	nd admını	stered f	or the		Yes No
	-	nrelated organizations									3	a(i) No
		elated organizations										a(ii) Yes
b		es" on 3a(II), are the re		s listed as required	on Sche	edule R	? .					3b Yes
4	Desci	ribe in Part XIII the inte	ended uses of the	organization's endo	wment	funds						
Pai	rt VI	Land, Buildings,										
	Decem	Complete if the or	ganization answ (a) Cost or oth		m 990 or other					orm 990, l I depreciation	_	ne 10. (d) Book value
	Descri	iption of property	(Investme		. or other	Dasis (Juliei)	(C) ACC	umurated	т фергесіаціон	'	(d) Book value
1a	Land											
b	Buildin	gs										
С	Leaseh	old improvements				76	57,482	2		313,69	3	453,789
d	Equipn	nent				1,88	30,323	3		980,63	9	899,684
е	Other											
Tota	ıl. Add	lines 1a through 1e (Co	olumn (d) must e	qual Form 990, Part	X, colui	mn (B)	, line	10(c)).		>		1,353,473

Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	organizat	ion answe	ered "Yes" on Form 99	0, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		d of valuation -year market value
Financial derivatives				
Closely-held equity interests				
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
The strict of the organization answered 'Yes' on Formula (a) Description of investment		art IV, lın		Part X, line 13. d of valuation
	(0) 60	ok value		year market value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	000 0	77.1 441.5 5 6	00 B I V I 15
Other Assets. Complete if the organization answered 'Y (a) Description	es on Forr	n 990, Pari	t IV, line 11d See Form 9	(b) Book value
ral. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	wered 'Ye	es' on For		e or 11f.
(a) Description of liability		(b) Bo	ok value	
Federal income taxes e to Conner Prairie Foundation, Inc			4,540	
·				
	•		4,540	

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С					4c	
5		Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro [,] XI,	vide the descriptions required for Pi lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any a	IV, lines 1b and 2b, Part dditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	planation		
See A	Addıtıonal Data Table					

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005876 **Software Version:** 2017v2.2

EIN: 20-3402627

Name: CONNER PRAIRIE MUSEUM INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of art - financial statement footnote	Conner Prairie Museum, inc. maintains an extensive collection of items from 1800 to 1945 that are relevant to Central Indiana during those time periods. Due to the difficulty in establishing a value for Collections, purchases are expensed as purchased. Standard museum procedures are used in accessioning, deaccessioning, cataloging and managing objects. The museum's procedures provide a clean, safe and stable storage environment for its permanent collections. Objects used in the living history programs are given reasonable care towards continuing preservation. There were 32 and 35 deaccessions and 212 and 199 accessions in 2017 and 2016, respectively.

Supplemental Information	upplemental 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 late 1800'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-century medical procedures and practices. Barker's pottery shop has a historic kick-wheel, kilin, 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 voy age displays components of one of the earliest chapters in aviation history. The 1859 Ball on Voyage 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 diverse audiences about the past. Conner Prairie Museum, Inc. is focused on educating visitors about the history of Indiana. These exhibits and historical treasures are essential to that mis sion.		

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

appreniental zinerination		
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, 2017 and 2016, management has determined that the Museum does not have any tax positions that result in any unce rtainties 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

Supplemental Information

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934933100	12348
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments omplete if the organiza	Other Assistand and Individuals Ition answered "Yes," o Attach to Form e I (Form 990) and its	S in the Unite on Form 990, Part IV 990.	d States /, line 21 or 22.		0	2017 Open to Public Inspection	
Name of the organization CONNER PRAIRIE MUSEUM IN	_					Em	ployer identific	ation number	
						20-	3402627		
Part I General Info	mation on Grants	and Assistance							
the selection criteria use Describe in Part IV the c Part II Grants and Other	ed to award the grants organization's proceduler or Assistance to Don	or assistance? res for monitoring the us	e of grant funds in the Ur		for the grants or assistan		O, Part IV, line	✓ Yes 21, for any recip	□ No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose o or assistance	f grant
(1) Conner Prairie Foundation Ir 13400 Allisonville Road Fishers, IN 46038	20-3402547	501(C)(3)	550,236	0	N/A	N/A		Program Suppo	ort
3 Enter total number of of	her organizations liste	d in the line 1 table	listed in the line 1 table .						1 0
For Paperwork Reduction Act No	otice, see the Instructio	ns for Form 990.		Cat No 5005!	5P		Scho	edule I (Form 990	2017

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

(4)

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

(5)

Explanation

Schedule I (Form 990) 2017

(6)

(7)

Part IV

grant funds

Return Reference Schedule I, Part I, Line 2

Procedures for monitoring use of

Schedule I (Form 990) 2017

Page 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	0012	348
Sch	nedule J	C	ompensati	ion Information	OM	IB No	1545-0	0047
(Form 990) Department of the Treasury		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.			2017 pen to Pub			
•	al Revenue Service	7 2		gov/form990.			ectio	
	me of the organizations of the organization of				Employer identificat	ion nu	ımber	
	WENT WINE 1103E	or me			20-3402627			
Pa	rt I Questi	ons Regarding Compensa	ition					
1a				the following to or for a person liste y relevant information regarding the			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of perso	nal residence			
	Tax idemi	nification and gross-up payment	ts 🔲	Health or social club dues or initiati	on fees			
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/I	Executive Director	r, regarding the items checked in line	e 1a?			
3	organization's C	EO/Executive Director Check a	II that apply Dor	ed to establish the compensation of the compen				
	✓ Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant	\checkmark	Compensation survey or study				
	☑ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6 a		No
b	Any related orga					6b		No
	-	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported 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 W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 Norman O Burns II 190,738 (i) 14,650 1,290 15,845 29,370 251,893 0 President & CEO 0 0 0 0 0 0 (ii) 145,117 2 Kyle L Wenger (i) 14,592 425 12,032 16,949 189,115 0 Vice President and Chief 0 0 0 0 0 (ii) 0 Financial & Operating Officer

Schedule J (Form 990) 2017		
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	
Schedule J, Part I, Line 7 Non-fixed	Discretionary non-fixed bonuses were paid out to nearly all FT and PT employees during 2017	

payments

Schedule J (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493310012348 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2017 ▶ 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 **Types of Property** (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 94,972 Market value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 6,784 Cost 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . . . 24 Archeological artifacts . . Other ▶ (Χ 18,829 Cost 25 Equipment) 26 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο 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 Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2017)		
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete	
Return Reference	Explanation	
•	Securities - Publicly traded - Number of Contributions Food inventory - Number of Contributions Other - Equipment Number of Contributions	
	Schedule M (Form 990) (2017)	

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SCHEDULE (Form 990 or 990 EZ) Department of the Treasurement Resource Service Name of the organiz	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its in www.irs.gov/form990.	pestions on lation.	18 No 1545-0047 10 17 In to Public aspection from number
CONNER PRAIRIE MUSE		20-3402627	
990 Schedule O	, Supplemental Information	20 0 102027	
Return Reference	Explanation		
Part III, Line 4a HISTORIC MUSEUM EXPERIENCE A A A A A A A A A A A A A A A A A A A	CONTINUED FROM PART III, LINE 4A) OUR ON-SITE GENERAL AUDIENCE OF TORS IS DRAWN LARGELY FROM CENTRAL INDIANA APPROXIMATELY 60% HE BALANCE BEING ADULTS AND SENIORS APPROXIMATELY 60,000 SCHOTHE MUSEUM EACH YEAR AND COME FROM ALMOST EVERY COUNTY IN INTHOSE SCHOOL GROUPS FROM THE GREATER INDIANAPOLIS METROPOLITY WITHIN THE SCHOOL DISTRICT(S) AS A GENERAL RULE, THEREFORE, SCHOOL GROUPS FROM THE GREATER INDIANAPOLIS METROPOLITY WITHIN THE SCHOOL DISTRICT(S) AS A GENERAL RULE, THEREFORE, SCHOOL GROUPS FROM THE GREATER INDIANAPOLIS METROPOLITY WITHIN THE SCHOOL DISTRICT(S) AS A GENERAL RULE, THEREFORE, SCHOOL TEACHERS, THE FOR THE DESTINATION FOR FAMILIES WITH CHILDREN OF ALL AGES, IT IS A PLACE INTO THE REST OF ALL AGES, IT IS A PLACE INTO THE REST OF ALL AGES, IT IS A PLACE INTO THE REST OF A SCHOOL TEACHERS, A PLANNED FIRM ONE THAT UNFOLDS THE RICHNESS OF THE PAST WHILE ENCOURAGING IS AND DATES FOR BUSINESSES, THE BEAUTY, INTEGRITY AND PROGRAM ECRUITING TOOL THAT HELPS SELL RECRUITS ON RELOCATING TO THE ASE ALREADY HERE THE PRIMARY VISITOR EXPERIENCE CURRENTLY INCLINEARED FOR SCHOOL THAT HELPS SELL RECRUITS ON RELOCATING TO THE ASE ALREADY HERE THE PRIMARY VISITOR EXPERIENCE CURRENTLY INCLINEARED TO THE ASE ALREADY HERE THE PRIMARY VISITOR EXPERIENCE CURRENTLY INCLINEARED TO THE ASE ALREADY HERE THE PRIMARY VISITOR EXPERIENCE CURRENTLY INCLINEARED TO THE ASE ALREADY HERE TOOL ON THE ASE ALREADY HERE TOOL ON THE ASE ALREADY HERE TOOL ON THE ASE ALREAD AND THE OUTDOOR ATTRACTION INTO THE ASE ALREADY HERE TOOL ON THE ASE ALLOWING VISITORS A CLOSER LOOK AT OUR NATURAL SETT IS ALSO A MAJOR COMPONENT OF THE CONNER PRAIRIE COMPLEX HERE PACE CALLED "CREATE CONNECT" WHERE INDIANA'S INNOVATIVE SPIRIT IS ALSO A MAJOR COMPONENT OF THE CONNER PRAIRIE COMPLEX HERE PACE CALLED "CREATE CONNECT" WHERE INDIANA'S INNOVATIVE SPIRIT IS ALSO A MAJOR COMPONENT OF THE CONNER PRAIRIE COMPLEX HERE PACE CALLED "CREATE CONNECT" WHERE INDIANA'S INNOVATIVE SPIRIT IS ALSO A MOJOR SAND WHYS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MELEBRATING INDIA	OF ATTENDEES ARE YOUT OL GROUP PARTICIPANTS INDIANA AND NEIGHBORING TAN AREA REFLECT THE EMOOL GROUP PARTICIPANT E MIDWEST, CONNER PRAYWHERE THEY CAN SUPPLICIPAT OR WITH THE CONNER PRAYWHERE THEY CAN SUPPLICIPAT OR WITH GRANDCHILDREN HYOUNG CHILDREN IT IS AN ASSET TO CONNER PRAYWHERE A, AND IS AN ASSET TO RAIRIETOWN, 1859 BALLOCS THE TREETOP OUTPOST ON WELCOME, YOUNGER A PLACE TO CLE PRAIRIE'S SPECIAL PROGRATH, FESTIVAL OF MACHATH), FESTIVAL OF MACHATH), FESTIVAL OF MACHATH), FESTIVAL OF MACHATH STAR (AN IMME) OL GROUPS AND THE GEN OF HISTORY, BUT CONTAINS OF HISTORY, BUT CONTAINS OF HISTORY, BUT CONTAINS OF HISTORY, BUT CONTAINS OF HISTORY, BUT CONTAINS OF THE MOOTH STORY, BUT CONTAINS OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF HISTORY, BUT CONTAINS ON THE GEN OF THE MOOTH THE GEN OF THE MOOTH THE GEN OF THE MOOTH THE GEN OF THE MOOTH THE GEN OF THE MOOTH THE MOOTH THE GEN OF THE MOOTH	TH WITH S VISI G STATES DIVERSIT ION AIRIE IS E E, ART A, OR TA A MU IRIE I S, FIGUR E IS ON V T AND N E CENTE BIT FROM IMB, GRA IR HINES (RSION IERAL PUBLIC 36 TINU

Return

Reference	
Form 990, Part	THE ORGANIZATION DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES THAT RECEIVE COMPENSATION,
VI, Line 15b	THEREFORE THIS QUESTION IS NOT APPLICABLE AND HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH TH
PROCESS USED	E FORM 990 INSTRUCTIONS COMPENSATION OF THE HIGHEST COMPENSATED EMPLOYEES REPORTED IN PAR
TO ESTABLISH	T VII (VP & CFO, and director of human resources) IS REVIEWED BY THE PRESIDENT/CEO USING C
COMPENSATION	OMPARABLE DATA GARNERED FROM LOCAL NON-PROFIT COMPENSATION SURVEYS AND THE AMERICAN
OF OTHER	ASSOCI
OFFICERS/KEY	ATION OF MUSEUMS (AAM) COMPENSATION SURVEY IF COMPENSATION CHANGES ARE RECOMMENDED BY THE
EMPLOYEES	PRESIDENT/CEO, THE FINAL DECISIONS ARE DOCUMENTED AND REVIEWED BY THE EXECUTIVE COMPENSAT
	ION COMMITTEE this process took place in 2017

Explanation

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

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

Return Reference	Explanation
15a Process to establish compensation	The Executive Compensation Committee, consisting of five Board members, conducted a perfor mance evaluation survey of the President/CEO. The entire Board had the opportunity to rate the President/CEO and offer comments. The Committee analyzed the results of the survey, r esearched comparative compensation data, and made a recommendation to the Board Chair. The data was then reviewed and approved by the Chair who then presented his recommendation to the Board in an Executive Session, this process took place in 2017.

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

the public

Part VI, Line
19 Required
documents
available to

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493310012348 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CONNER PRAIRIE MUSEUM INC. 20-3402627 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Primary activity Total income or foreign country) entity (1) 1859 BALLOON VOYAGE LLC 1859 BALLOON VOYAGE IN 306,888 809,815 CONNER PRAIRIE MUSEUM INC 13400 ALLISONVILLE ROAD **EXHIBIT** FISHERS, IN 46038 27-0660566

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) CONNER PRAIRIE FOUNDATION INC SUPPORT CONNER IN 501(c)(3) Type I CONNER PRAIRIE MUSEUM 13400 ALLISONVILLE ROAD PRAIRIE MUSEUM INC FISHERS, IN 46038 20-3402547 Schedule R (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

(a) Name, address, and EIN of related organization			d organization activity domicile controlling income unre or foreign tax country) section		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income				(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	(k) Percenta owners
								Yes	No		Yes	No	
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												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
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Schedule R (Form 990) 2017		Pa	ge 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		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 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	<u> </u>
l 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	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	

	1 1		
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
	П		
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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	
a. Sharing of paid ampleyees with related organization(s)	10	Yes	

i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
- 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	
o	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
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 line, including covered relationships and transaction thresholds			
	(-)			

,	Leader of Hamilton, equipment, or entire about to follow of gamenton (e).					+-
k	Lease of facilities, equipment, or other assets from related organization(s)				1k Yes	-
1	Performance of services or membership or fundraising solicitations for related organization(s)				1l 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)				1o Yes	•
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 lin	e, including covered r	elationships and tra	nsaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involv	ed
(1) C	onner Prairie Foundation Inc	В	550,236	Book Value		

С

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(2)Conner Prairie Foundation Inc

(3)Conner Prairie Foundation Inc

4,727,447

63,000

Book Value

Allocated Cost

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	e income section (related, 501(c)(3 in unrelated, organization excluded from tax under sections 512-		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	hare of Share of total end-of-year	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017