

_{Fm} 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. OMB No 1545-0052

Department of the Treasury Internal Revenue Service Open to Public Inspection ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning 2017, and ending 20 A Employer identification number Name of foundation 46-5066882 CLARINDA CARNEGIE MUSEUM Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite (402) 475-2611City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. . . LINCOLN, NE 68501 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here . . Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization: | X | Section 501(c)(3) exempt private foundation 07 E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt chantable trust under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 2,963,961. (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment expenses per income purposes income hooks (cash basis only) column (a) (see instructions)) 3,170,860 Contributions, gifts, grants, etc., received (attach schedule). 3 Interest on savings and temporary cash investments. Dividends and interest from securities . . . b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) . Net short-term capital gain. Income modifications Gross sales less returns and allowances **b** Less Cost of goods sold . c Gross profit or (loss) (attach schedule) . 389 Other income (attach schedule) ATCH, 1... 3,171,279. 12 Total. Add lines 1 through 11 Compensation of officers directors, trustees, etc.

Other employee salaries and wages with the 13 Expenses 14 1,375. $\overline{1.375}$. 4,746. Administrative c Other professional fees (attachischedule). Interest OGDEN UT 17 2,235 2,235. Taxes (attach schedule) (see instructions) 18 8,010. 19 Depreciation (attach schedule) and depletion. 9,527. $\overline{9,527}$. 20 9,914. 9,914. 21 Travel, conferences, and meetings and 22 Printing and publications Operating 22 226,940. 222,194.

258,001

258,001

2,913,278

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 1531IZ K923 8/13/2018 4:23:

Subtract line 26 from line 12

26

Other expenses (attach schedule) ATCH .4. . Total operating and administrative expenses.

Add lines 13 through 23. Contributions, gifts, grants paid

Total expenses and disbursements, Add lines 24 and 25

a Excess of revenue over expenses and disbursements . . b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-). .

4:23:22 PM V 17-6.3F Form 990-PF (2017)

249,991.

249,991.



0.

30.

0.

1157912



Part		Ďalasas Charte	Attached schedules and amounts in the description column should be for end-of-year		E	End of year		
		balance Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	
_	1	Cash - non-interest-beari	ng	4,345.	92,0	78.	92,078.	
			cash investments					
		Accounts receivable ▶			·			
			btful accounts ▶			ľ		
			btful accounts ▶	-				
	l .		bildi accounts >			+		
	1					-		
	6		officers, directors, trustees, and other					
	l _		tach schedule) (see instructions)			\dashv		
			eceivable (attach schedule)			- 1		
	ŀ	Less: allowance for dou	btful accounts ▶		-			
Assets	8	Inventories for sale or us	e					
SS	9		eferred charges			\longrightarrow		
⋖	10a	Investments - U S and state	e government obligations (attach schedule)					
	b	Investments - corporate	stock (attach schedule)					
			bonds (attach schedule)				, <u>, , , , , , , , , , , , , , , , , , </u>	
	111	Investments - land, buildings and equipment basis						
		Less accumulated deprecia (attach schedule)	ation >					
	12		loans					
	13	Investments - other (atta	ach schedule)					
	14	Land, buildings, and equipment basis	▶ 56,075.					
		Less accumulated deprecia (attach schedule)	22, 647.	41,438.	33,4	28.		
	15	Other assets (describe	ATCH 5	4,900.	2,838,4	55.	2,838,455.	
	16	Total assets (to be	completed by all filers - see the					
	<u></u>	instructions Also, see p	age 1, item I)	50,683.	2,963,9	61.	2,963,961.	
	17	Accounts payable and a	accrued expenses			\Box		
							· · · · · · · · · · · · · · · · · · ·	
S						\neg		
	20		ors, trustees, and other disqualified persons.					
Liabilities	21		otes payable (attach schedule)			$\neg \neg$		
Ë	22	- •	→)				,	
			/			\neg	1	
	23	Total liabilities (add line	es 17 through 22)	0.		0.		
_			w SFAS 117, check here					
S			through 26, and lines 30 and 31.					
ဦ	24	•	,					
Balances	25				·	\dashv		
					· · · · · · · · · · · · · · · · · · ·			
힏	27 28 29 30 31		ot follow SFAS 117, check here ►X					
교		and complete lines 27	through 31.					
ŏ	27						,	
क्र	20		cipal, or current funds			\dashv		
ŝ	20		r land, bldg , and equipment fund	50,683.	2,963,9	61		
As	29	_	ulated income, endowment, or other funds	50,683.	2,963,9		I	
ē	30		d balances (see instructions)	30,003.	2,303,3		· ·	
Z	31		net assets/fund balances (see	50 602	2 062 0	61	· ·	
			man in Not Assets on Francisco	50,683.	2,963,9	01.		
_			nges in Net Assets or Fund Bala			—		
1			palances at beginning of year - Part				EA CO3	
			ed on pnor year's return)			1	50,683	
			line 27a			2	2,913,278	
						3		
						4	2,963,961	
5		reases not included in				5		
_6	Tota	al net assets or fund b	palances at end of year (line 4 minus	s line 5) - Part II, column (I	b), li <u>ne 3</u> 0 <u> </u>	6	2,963,961	

Pao	e	3

Par	IV Capital Gains	and Losses for Tax on Inv	restment Income			
	(a) List and des	scribe the kind(s) of property sold (for	example, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	nck warehouse; or common stock, 200	shs. MLC Co.)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
<u>1 a</u>						
<u>_b</u>	·					
c						
<u>_d</u>						
<u>e</u>			<u> </u>		<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo: ((e) plus (f) mini	
<u>a</u>						
<u>b</u>						
<u> c </u>						
<u>_</u> d_						
<u>e</u>			<u> </u>	ļ <u>.</u>		
	Complete only for assets s	howing gain in column (h) and owned	d by the foundation on 12/31/69.	(1)	Gains (Col (h) ga	aın mınus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any	col	(k), but not less to Losses (from co	
a						
b						
d						
<u>e_</u>						
2	Capital gain net income		gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	ain or (loss) as defined in section	•			
			istructions. If (loss), enter -0- in $oldsymbol{1}$			
		<u> </u>		3		
Par			educed Tax on Net Investment I	ncome		
			butable amount of any year in the b	ase peno	d?	Yes No
If "Ye		i't qualify under section 4940(e).				
<u>1</u> _		mount in each column for each ye	ear; see the instructions before mak	ing any er		
Cale	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2016			<u> </u>		
	2015			<u> </u>		
	2014			<u> </u>		
	2013		<u> </u>	ļ		
	2012	·				
2	Total of line 1, column (d)		2	<u> </u>	
3			de the total on line 2 by 5.0, or by	1 1		
	the number of years the	foundation has been in existence	e if less than 5 years	3		
4	Enter the net value of ne	oncharitable-use assets for 2017	from Part X, line 5	4		
_						
5	ividitiply line 4 by line 3.	• • • • • • • • • • • • • • • • • • • •				
6	Enter 1% of net investm	ent income (1% of Part I, line 27b))	6		-
7	Add lines 5 and 6			7		
8	Enter qualifying distributed line 8 is equal to or general VI instructions.	tions from Part XII, line 4 greater than line 7, check the bo	ox in Part VI, line 1b, and complete	8 that par	t using a 1% t	ax rate. See t

	t VI · Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	<u>) </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on fine 1			
	Date of ruling or determination letter: 09/05/2014 (attach copy of letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		ì	N/A
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			- • ·
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			
Þ	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			0.
7	Total credits and payments Add lines 6a through 6d			<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		. —	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
_	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No_X
	participate or intervene in any political campaign?	1a		
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			х
	instructions for the definition	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	_		x
	Did the foundation file Form 1120-POL for this year?	1c		
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1
_	on foundation managers \$	2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-		
	if "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		x ′
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		
-	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
3	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			
6			1	ļ.
Ü	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 		ļ	
	conflict with the state law remain in the governing instrument?	6	Ì	Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	<u> </u>
, 8a				
oa	IA,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	۱		1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"		x	İ
	complete Part XIV	9_	<u> </u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		x	
	names and addresses ATCH 6	10	1 A	i .

Par	t VII-A State	ements Regarding Activities (continued)			
			III Y	res	No
11	`At any time d	luring the year, did the foundation, directly or indirectly, own a controlled entity within the		\neg	
	meaning of section	on 512(b)(13)? If "Yes," attach schedule See instructions	11		X_
12		tion make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had adviso	ory privileges? If "Yes," attach statement. See instructions	12		X
13		on comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address	▶ WWW.CLARINDACARNEGIEARTMUSEUM.COM			
14	The books are in o	care of CINDY MORRIS Telephone no 402-475-	2611		
		BOX 81887 LINCOLN, NE ZIP+4 ▶ 68501			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. ▶	\Box
		ount of tax-exempt interest received or accrued during the year			
16		ring calendar year 2017, did the foundation have an interest in or a signature or other authority,	\	Yes	No
	over a bank, secu	rities, or other financial account in a foreign country?	16		Х
	See the instruc	tions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign countr				
Pai	t VII-B State	ements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720	if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a		did the foundation (either directly or indirectly).			
	(1) Engage in the	e sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow mone	ey from, lend money to, or otherwise extend credit to (or accept it from) a			
	•	erson?			
		s, services, or facilities to (or accept them from) a disqualified person? Yes X No		ļ	
		sation to, or pay or reimburse the expenses of, a disqualified person?Yes			
		income or assets to a disqualified person (or make any of either available for			
		ate of a disqualified personny.			1
		y money or property to a government official? (Exception. Check "No" if the			
		agreed to make a grant to or to employ the official for a period after			
		3			
D		s "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
		ying on a current notice regarding disaster assistance, check here			
		tion engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
·		ed before the first day of the tax year beginning in 2017?	1c		Х
2		e to distribute income (section 4942) (does not apply for years the foundation was a private			
		tion defined in section 4942(j)(3) or 4942(j)(5)).			
а	·=	ax year 2017, did the foundation have any undistributed income (lines 6d and			
		tax year(s) beginning before 2017?			
	If "Yes," list the ye				
b	Are there any	years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to inci-	orrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, an	nswer "No" and attach statement - see instructions)	2b		X
c	If the provisions	of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	-				
3а		ion hold more than a 2% direct or indirect interest in any business enterprise			
		g the year? Yes 🔀 No			
b		have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
		sons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		nder section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
		or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			/
		xcess business holdings in 2017)	3b		 ↓
		tion invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t		tion make any investment in a prior year (but after December 31, 1969) that could jeopardize its			Х
	charitable burbo:	se that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	14b i		1 ^

Pa	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)					
5a	During the year, did the foundation pay or incur any amo	ount to:				Yes	No		
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	Yes X No					
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry on						
	directly or indirectly, any voter registration drive?			Yes X No					
	(3) Provide a grant to an individual for travel, study, or o								
	(4) Provide a grant to an organization other than a	• • •			İ				
	section 4945(d)(4)(A)? See instructions	_							
	(5) Provide for any purpose other than religious, ch								
	purposes, or for the prevention of cruelty to children		•						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the		• • • • • • • • •						
_	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions								
	Organizations relying on a current notice regarding disas			1			$\overline{}$		
_	If the answer is "Yes" to question 5a(4), does the				_				
·	because it maintained expenditure responsibility for the		•						
6a	If "Yes," attach the statement required by Regulations so	' '	aatly to now accommo	••					
oa	Did the foundation, during the year, receive any fun								
ь	on a personal benefit contract? Did the foundation, during the year, pay premiums, dire				6ь		х		
U	If "Yes" to 6b, file Form 8870	city or indirectly, on a	personal benefit contra	Cl', , ,	- 60	_	<u> </u>		
- -	•		1	Yes X No		1			
7a	At any time during the tax year, was the foundation a palf "Yes," did the foundation receive any proceeds or have						1		
	1 5 41 40 50	re Truetone Fou	Indation Manager	B. Highly Paid Emp	7b		<u> </u>		
Fa	_ and Contractors		_						
1_	List all officers, directors, trustees, foundation n								
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	e acco	unt, ≥s		
		devoted to position	enter -0-)	and deferred compensation					
ATC	н 7		0.	0.			0.		
									
)		1					
			<u> </u>						
	Compensation of five highest-paid employees	(other than the	a included on lin	1 and instruction	ana) If n		ontor		
_	"NONE."	(other than thos	se included on this	e i - See ilistruction) ii ii ii	one,	CIICCI		
		(b) Title, and average		(d) Contributions to employee benefit	(a) Evanor		unt		
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	(e) Expens other all	lowance	es .		
			·	compensation					
	NONE								
	NONE								
	····								
		·			_				
				<u> </u>					
									
				ļ					
		L,	<u> L</u> _	L					
Tota	I number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u></u> ▶			<u>0.</u>		
					99	O-PF	(2017)		

Part VIII Information About Officers, Directors, Trustees, Foundation	n Managers, Highly Paid Employ	rees,
 and Contractors (continued) Five highest-paid independent contractors for professional services. Se 	e instructions. If none enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		· · ·
NONE		
	_	
		
	-	
	_	
Total number of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant sta	atistical information such as the number of	
organizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 OPERATION OF AN ART MUSEUM FOR THE GENERAL PUBLIC		
		040.00
		249,99
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ns)	
Describe the two largest program-related investments made by the foundation during the tax year on l		Amount
1 NONE		
2		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3		

	990-PF (2014)		Page 0
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	[[
	purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	17,631.
C	Fair market value of all other assets (see instructions)	1c	1,584,951.
d	Total (add lines 1a, b, and c)	1d	1,602,582.
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,602,582.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	24,039.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,578,543.
6_	Minimum investment return. Enter 5% of line 5	6	78,927.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ► X and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	249,991.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	249,991.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	249,991.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co		
	qualifies for the section 4940(e) reduction of tax in those years		, another the roundation

Page 9 Form 990-PF (2017) Undistributed Income (see instructions) Pari XIII (b) (c) 2016 (d)/ Corpus Years prior to 2016 20,17 1 Distributable amount for 2017 from Part XI, Ō. 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . b Total for pnor years 20 15 ,20 14 ,20 13 3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 73,138. c From 2014 130,786. d From 2015 105,075. e From 2016 308,999 f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, 249,991. line 4. ▶ \$ a Applied to 2016, but not more than line 2a . . b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount.... 249,991. e Remaining amount distributed out of corpus. . . Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 558,990. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . 9 Excess distributions carryover to 2018. 558,990 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2013 . . . 73,138. b Excess from 2014 . . . 130,786. c Excess from 2015 . . . 105,075. d Excess from 2016 . . . 249,991. e Excess from 2017 . . . Form 990-PF (2017)

Ра	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	
1 a	If the foundation has					
	foundation, and the ruling	g is effective for 2017, e	nter the date of the ruling		▶ 09/05/2014	L
b	Check box to indicate v	whether the foundation	is a private operating t	oundation described in	section X 4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(0) (02)
	I or the minimum investment return from Part X for each	i		<u>,</u> ,	_	
	year listed	30.	4.	4.	4.	42.
b	85% of line 2a	26.	3.	3.	3.	35.
С	Qualifying distributions from Part	249,991.	105,075.	130,786.	73,138.	558,990.
d	XII, line 4 for each year listed . Amounts included in line 2c not	240,001.	103,073.	150,700.	73,130.	330,330.
_	used directly for active conduct					
	of exempt activities					
٠	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c	249,991.	105,075.	130,786.	73,138.	558,990.
3	Complete 3a, b, or c for the		-,,-			
а	alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets	2,963,961.	50,683.	62,093.	45,373.	3,122,110.
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)	2,871,883.	46,338.	45,706.	34,943.	2,998,870.
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general		· · · · · · · · · · · · · · · · · · ·			
	public and 5 or more exempt organizations as					
	provided in section 4942 (jX3XB)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization	_				
	(4) Gross investment income.					
Pa		ntary Information (0		only if the founda	tion had \$5,000 or	more in assets at
		uring the year - see	<u>-</u>			
1	Information Regarding			n than 20/ of the tota	.1	
а	List any managers of before the close of any	tax year (but only if th	ney have contributed in	e than 2% of the tota nore than \$5,000). (Se	ee section 507(d)(2))	red by the foundation
		KAREN DUNÇAN	•	, , , ,		
_ь	List any managers of		own 10% or more of	f the stock of a corp	oration (or an equal)	large portion of the
	ownership of a partner					go portion or the
				-		
	NONE					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if t unsolicited requests for complete items 2a, b,	or funds. If the found	ation makes gifts, gra	to preselected char- ints, etc, to individua	itable organizations a ils or organizations ui	and does not accep nder other conditions
a	The name, address, a			ne nerson to whom and	olications should be add	Iressed:
_						
b	The form in which app	lications should be su	omitted and information	on and materials they	should include:	
	Any submission deadli	nes.				<u> </u>
·	rany outsimesion deadi					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Page 11

Part XV Supplementary Information	(continued)	royad for E	uturo Baymont	
3 · Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Cuture Payment	<u> </u>
Name and address (home or husiness)	any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Faid during the year				
				1
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Total				
Total			<u>▶</u> 3a	
Approved for future payment				
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			<u> </u>	
Total	. .		<u></u> ≥ 3b	1

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Page	-1	4

Part XVI-	 A Analysis of Income-Prod 	ucing Act	vities			
	amounts unless otherwise indicated.	Unrela (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
. —						
_						
1						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	on savings and temporary cash investments -			14	30.	
4 Dividend	is and interest from securities					
5 Net rent	al income or (loss) from real estate:					
a Debt	-financed property					
b Not o	debt-financed property					
6 Net renta	l income or (loss) from personal property			<u> </u>		
7 Other in	vestment income			ļ		
8 Gain or (I	loss) from sales of assets other than inventory	,		 		
9 Net inco	me or (loss) from special events			 		
	rofit or (loss) from sales of inventory			 	ļ	200
1 Other re	venue a BOOK SALES		ļ <u> </u>	<u> </u>		389.
ь			<u> </u>	 		<u> </u>
c			<u> </u>	 		
d		<u></u>		 		
e					20	200
	Add columns (b), (d), and (e)			ــــــــــــــــــــــــــــــــــــــ	30.	
3 Total. Ad	dd line 12, columns (b), (d), and (e)				13	419.
Part XVI-	Relationship of Activitie		accomplishment of C	vomat Du		
Line No.	Explain below how each activity					
▼	accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	g funds for such purpose	es). (See instructions.)
						
						
			· · · · · · · · · · · · · · · · · · ·			
	 					
				 -		
						
	 					
	 					
	 					
	 					
	 					
						
						
						
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Form 990	0-PF (20	17)	CLARINDA	A CARNEGIE MUSE	UM			46-506	6882	Pag	_{je} 13
Part 2	XVII	Information R Exempt Orga		ansfers to and Tr	ansactio	ons an	d Relations	hips With Non	chari	table	
ın	sect			engage in any of the 501(c)(3) organization						Yes	No
a T	ransfe	rs from the reportir	ng foundation to	o a noncharitable exe	npt organ	ization of	f:		1		
-	-										<u>X</u>
•	•								. 1a(2)		X
		ansactions.								[x
				empt organization							$\frac{x}{x}$
				able exempt organizati r assets							X
											X
											Х
				hip or fundraising solid							Х
				sts, other assets, or pa						<u>. </u>	X
				es," complete the fol							
				vices given by the rep							
			, 	ngement, show in col							
(a) Line	no	(b) Amount involved N/A	(c) Name of	noncharitable exempt organ	ization	N/A	scription of transf	ers, transactions, and sl	nanng am	angeme	nts
		11/11	 								
			 								
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d	escrib	ed in section 501(c complete the follo) (other than so wing schedule.		section 5		· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		′es X	No
		(a) Name of organization	on	(b) Type of on	ganization		 '	(c) Description of relation	onship		
											
				 							
				 							
				mined this return, including ac a taxpayer) is based on all Inform				to the best of my knowl	edge and	belief, i	t is true,
Sign	Consu		or prepares (obtes that	rtaxpayer) is based on an innorm	ation of which	preparer na	a arry knowledge	May the	IRS discu	iss this	retum
Here	Sign	ature of officer or trustee	om'_	<u> </u>	18	Title	istant Tre		preparer		
	Щ,	Print/Type preparer's n	ame	Preparer's signature			Date		PTIN		
Paid		KRISTIN TYNC		, regord 3 signature		_	\$ 20	Check if	1	0633	88
Prepa			KD, LLP	Y	1	<u></u> -		V 0 Joen cripioyad	01602		<u> </u>
Use (248 O STRE	ET, STE 1040	1/			rams cm			
			INCOLN, N			6	8508-1461	Phone no 402-	473-7	600	

Schedule B

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

Schedule of Contributors

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

2017

Employer identification number Name of the organization CLARINDA CARNEGIE MUSEUM 46-5066882 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization CLARINDA CARNEGIE MUSEUM

Employer identification number 46-5066882

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	J. ROBERT & KAREN DUNCAN		Person X			
	4801 N. 7TH STREET	\$365,000.	Payroll			
	LINCOLN, NE 68521		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	CLARINDA FOUNDATION		Person X			
i	114 EAST WASHINGTON STREET	\$10,500.	Payroll Noncash			
	CLARINDA, IA 51632		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	MANUEL NERI		Person			
!	C/O ANNE KOHS, 115 STONEGATE RD	\$ 2,371,099.	Payroll X			
	PORTOLA VALLEY, CA 94028		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	CHARLES GINNEVER		Person			
	PO BOX 411	\$325,000.	Payroll X			
	PUTNEY, VT 05346		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	BETH VAN HOESEN		Person			
	C/O ANNE KOHS, 115 STONEGATE RD	\$ 89,555.	Payroll X			
	PORTOLA VALLEY, CA 94028		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
						

Name of organization CLARINDA CARNEGIE MUSEUM

Employer identification number

46-5066882 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) ARTWORK 3 2,371,099. 12/31/2017 (a) No. (c) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) ARTWORK 4 325,000. 07/24/2017 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) ARTWORK 5 89,555. 12/31/2017 (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Page	4

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization CLARINDA CARNEGIE MUSEUM 46-5066882 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2017 FORM 990-PF CLARINDA CARNEGIE MUSEUM

46-5066882

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES

DESCRIPTION BOOK SALES

PER BOOKS
389.

TOTALS

389.

CIADINION	CARNEGIE	MITCHIM

2017 FORM 990-PF

ATTACHMENT 2

FORM	990PF.	PART	Т	_	ACCOUNTING	FEES
r Oran	JJUL .	1 171/1	_		VCCCOURTING.	

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING FEES		1,375.			1,375.
	TOTALS	1,375.			1,375.

2017 FORM 990-PF

46-5066882

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE

AND EXPENSES PER BOOKS

REAL ESTATE TAXES

DESCRIPTION

2,235.

CHARITABLE PURPOSES

2,235.

2,235.

TOTALS

46-5066882

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

	REVENUE AND	
	EXPENSES	CHARITABLE
DESCRIPTION	PER BOOKS	PURPOSES
ADVERTISING	3,237.	3,237.
ARTWORK MOVING & INSTALLATION	62,453.	62,453.
EXHIBIT PARTY EVENT EXPENSES	6,822.	6,822.
EXHIBIT SUPPLIES	2,638.	2,638.
EXHIBIT TRANSPORTATION	54,004.	54,004.
EXHIBIT BOOKS	34,389.	34,004.
INSURANCE	9,191.	
LANDSCAPING		9,191.
_	1,996.	1,996.
REPAIRS & MAINTENANCE EXPENSE	10,994.	10,994.
BANK CHARGES	132.	132.
CONTRACT LABOR	28,829.	28,829.
KIDS DAY OF ART EXPENSES	2,471.	2,471.
OFFICE SUPPLIES	3,964.	3,964.
DIRECTORS EDUCATION EXPENSE	532.	532.
DONATION EXPENSE	542.	542.
WEBSITE DESIGN	240.	3.3.
PHOTOGRAPHY/VIDEO	4,506.	
TOTALS	226,940.	222,194.

2017 FORM 990-PF

		ATTACHME	NT 5
FORM 990PF, PART I	I - OTHER ASSETS		
DESCRIPTION		ENDING BOOK VALUE	ENDING <u>FMV</u>
BOOKS ARTWORK		4,900. 2,833,555.	4,900. 2,833,555.
	TOTALS	2,838,455.	2,838,455.

2017 FORM 990-PF

46-5066882

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 6

NAME AND ADDRESS

J. ROBERT & KAREN DUNCAN 4801 N. 7TH STREET LINCOLN, NE 68521

2017 FORM 990-PF

FORM 990PF, PART VIII - LIST	:	ATTACHMENT 7		
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
J. ROBERT DUNCAN PO BOX 81887 LINCOLN, NE 68501	VICE PRESIDENT	0.	0.	0.
KAREN DUNCAN PO BOX 81887 LINCOLN, NE 68501	PRESIDENT	0.	0.	0.
JOHN LISLE PO BOX 81887 LINCOLN, NE 68501	VICE PRESIDENT	0.	0.	0.
JEFF LAKE PO BOX 81887 LINCOLN, NE 68501	TREASURER	0.	0.	0.
TOM FISCHER PO BOX 81887 LINCOLN, NE 68501	SECRETARY	0.	0.	0.
CINDY MORRIS PO BOX 81887 LINCOLN, NE 68501	ASSISTANT TREASURER	0.	0.	0.

CLARINDA	CARNEGIE	MUSEUM
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2017 FORM 990-PF

FORM 990PF, PART VIII - LIST	OF OFFICERS, DIRECTORS, AND TRUSTEES		ATTACI	HMENT 7 (CONT'D)
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LIZ EBERLE PO BOX 81887 LINCOLN, NE 68501	ASSISTANT SECRETARY	0.	0.	0.
	GRAND TOTALS	0.	0.	0.