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

2017

DLN: 93493127007159 OMB No 1545-0047

	ment of the Treast l Revenue Service	Informati	ter social security numbers on this fori on about Form 990 and its instructions				C	Ppen to Public Inspection
A F	or the 2017 c	alendar year, or tax yea	r beginning 07-01-2017 , and end	ling 06-:	30-2018			
□ Add	ck if applicable dress change me change tial return	C Name of organization CARNEGIE MUSEUM FOUND COUNTY Doing business as	PATION OF JEFFE			74-3182		ication number
☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		Number and street (or P O		- E Telephone number				
⊔ Ар	plication pending	City or town, state or provi	nce, country, and ZIP or foreign postal code			(641) 47	2-6285	
		FAIRFIELD, IA 52556	l cc		_	<b>G</b> Gross red		33,297
		F Name and address of RAY WOODY 2261 GLASGOW ROAD FAIRFIELD, IA 52556	principal officer		s	s this a group ret ubordinates? are all subordinate		□Yes ☑No
I Tax	x-exempt status	· ·	)( ) <b>◀</b> (insert no )	 527	┦ `´"	ncluded? f "No," attach a li		Yes No
J W	ebsite: 🟲				H(c) (	Group exemption	number	<b>&gt;</b>
<b>K</b> Forn	n of organization	✓ Corporation ☐ Trust	☐ Association ☐ Other ►		<b>L</b> Year of	formation 2004	<b>M</b> State	of legal domicile IA
Pa	rt I Sum	mary						
			ission or most significant activities	15555		V 4415 THE SHIPS		
o G	TO COLLE	CT AND INTERPRET THE H	ISTORY AND CULTURE OF FAIRFIELD,	JEFFERSO	ON COUNT	Y AND THE SURR	OUNDIN	IG AREA
Ě								
eII								
Activities & Governance			ation discontinued its operations or disp					l
න නේ		_	overning body (Part VI, line 1a)				3	11
Š			nbers of the governing body (Part VI, li				4	11
¥			ed in calendar year 2017 (Part V, line 2	2a) .			5	0
<b>₹</b>		nber of volunteers (estima	om Part VIII, column (C), line 12				7a	15
			me from Form 990-T, line 34				7a 7b	
	<b>D</b> Net unite	iated business taxable inco	ine from Form 990-1, line 34	• •	<del></del>	Prior Year	/	Current Year
	9 Contribut	tions and grants (Part VIII	line 1h)			61,8	80	145,164
Ē			. line 2g)			01,0	-	143,104
Rəvenue		,	mn (A), lines 3, 4, and 7d )			12,8	10	26,852
æ		· · · · · · · · · · · · · · · · · · ·	A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		12,0	-	0
			11 (must equal Part VIII, column (A),	line 12)		74,6	90	172,016
		<del>_</del> _	art IX, column (A), lines 1–3).					72,800
		, ,	art IX, column (A), line 4)					0
s			oyee benefits (Part IX, column (A), line	es 5–10)				0
)Se			IX, column (A), line 11e)	•				0
Expenses	<b>b</b> Total fund	raising expenses (Part IX, colur	nn (D), line 25) ▶0					
Ā	<b>17</b> Other ex	penses (Part IX, column (A	.), lines 11a–11d, 11f–24e)			10,6	35	10,058
	18 Total exp	enses Add lines 13–17 (m	nust equal Part IX, column (A), line 25)	)		10,6	35	82,858
	<b>19</b> Revenue	less expenses Subtract lir	ne 18 from line 12			64,0	55	89,158
Net Assets or Fund Balances					Begin	ning of Current Ye	ear	End of Year
Ass. Bal	20 Total ass	ets (Part X, line 16)				472,0	83	582,805
팔		, , ,						0
		ts or fund balances Subtra	ect line 21 from line 20	•		472,0	83	582,805
		ature Block	e examined this return, including acco		a cchodulo	s and statements	and to	the best of my
			e examined this return, including accomplete Declaration of preparer (other					
any k	nowledge							
	****	*				2019-05-01		
Sign	Signat	ure of officer				Date		
Here	.   1	OODY TREASURER						
		r print name and title						
		Print/Type preparer's name AMANDA L LANE CPA	Preparer's signature AMANDA L LANE CPA		Date 2019-05-06		TI <b>N</b> 01257668	3
Paid	<b>,</b>				2019-03-00	self-employed		<b>,</b>
-	Darei -	Firm's name TDT CPAS ANI				Firm's EIN ► 42-:		
Use	Only	Firm's address > 1700 42ND ST				Phone no (319) 3	ys-23/4	
		CEDAR RAPIDS	5, IA 52402			1		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2017)

✓ Yes □ No

Form	990 (2017)					Page <b>2</b>				
Par	t III Stateme	nt of Program Service	Accomplis	hments						
	Check if Sc	hedule O contains a respor	se or note to	any line in this Part III		🗆				
1		e organization's mission		·						
<u>TO C</u>	OLLECT AND INTER	PRET THE HISTORY AND C	ULTURE OF FA	IRFIELD, JEFFERSON C	OUNTY AND THE SURROUNDING AF	REA				
2	Did the organization	on undertake any significar	it program ser	vices during the year w	hich were not listed on					
	the prior Form 990	O or 990-EZ?				🗌 Yes 🗹 No				
	If "Yes," describe t	these new services on Sche	edule O							
3	Did the organization	on cease conducting, or ma	ike significant	changes in how it cond	ucts, any program					
	services?									
	If "Yes," describe t	these changes on Schedule	0							
4	Section 501(c)(3)		ns are required	I to report the amount	largest program services, as meast of grants and allocations to others, t					
4a	(Code	) (Expenses \$	80,823	including grants of \$	72,800 ) (Revenue \$	)				
	See Additional Data									
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)				
	See Additional Data									
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	}				
	See Additional Data									
4d	Other program sei	rvices (Describe in Schedul	e O )							
	(Expenses \$	ınclu	ding grants of	\$	) (Revenue \$	)				
4e	Total program se	ervice expenses >	80,8	323						
4e	rotai program se	ervice expenses >	80,0	523		Form <b>990</b>				

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 📆	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	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	11f		No
2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Nid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking findingsing			

•	•
Part IV	<b>Checklist of Required Schedules</b> (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part $I$	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
יי	Did the organization cell overheads, dispose of outtoningfor more than 250/ of the net occate?			Į.

			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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
Ь	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).			
<u>a_</u>	Did the organization receive a navment in excess of \$75 made partly as a contribution and partly for goods and services	. za		No
<b>≜</b> _				
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-orm	990 (2017)			Page <b>6</b>
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 11		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 11			
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?	7b		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	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
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	Yes	
Ь	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			
c	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
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
Ь	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?	16b		
Se	ction C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
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 DR RAY WOODY 2261 GLASGOW ROAD FAIRFIELD, IA 52556 (641) 472-6285			
		=		A /2047

Part V		
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors	·,
	Check if Schedule O contains a response or note to any line in this Part VII	🗆
Sect	ion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
<b>1a</b> Com year	plete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organi	zation's tax
	t all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount ensation  Enter -0- in columns (D), (E), and (F) if no compensation was paid	
<ul><li>List</li></ul>	all of the organization's <b>current</b> key employees, if any See instructions for definition of "key employee"	
who rec	the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) eived reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the ation and any related organizations	
<u> </u>		
ı,		
-		
<u> </u>	<b>★</b>	
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	▶ □
org <b>b 10</b> 15	anization  19%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line  is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	▶□
org <b>b 10</b> 15 Ex su	anization  10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.  10	<ul> <li>▶□</li> </ul>
org <b>b 1(</b> 15 Ex su 18 <b>P</b> ri	anization  10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. It is plain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	► □ ► □

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than c	ne b	ox, u in off tor/t	t che unles ficer rust	eck moss persection and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-M15C)	2/1099-MI2C)	organization and related organizations
1b Sub-Total c Total from continuation sheets to P	art VII, Sectio	nΑ.				<b>*</b>				
2 Total number of individuals (including	but not limited				bove	e) who	rece	eived more than \$1	00,000	
14										
W						ا ايرو	<u></u>			
	<del>-</del>		20	·		- I leves	c one			

Part \				a respo	onse or note to any	line in this Part VII	п		🗆
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(6	1a	Federated campaig	ns	1a			revenue		312-314
ants unte	ь	Membership dues		<b>1</b> b					
ב ב	c	: Fundraising events		1c					
itS. Ir A	d	Related organizatio	ns	<b>1</b> d					
5 ≅	e	Government grants (co	ontributions)	1e					
contributions, circs, crants and Other Similar Amounts	f	All other contributions and similar amounts n above	, gıfts, grants, ot ıncluded	1f	145,164				
onding of Oth		Noncash contribution in lines 1a-1f \$		72,8					
5 <del>a</del>	<u>h</u>	Total.Add lines 1a-1	lf	• •	<del></del>	145,164			
골	2a				Business	s Code			
Program Service Revenue				-					
ν E	b			_					
<u>×</u>	c d								
S E	e			_					
grar	f	All other program se	rvice revenue						
Ě	g٦	Fotal.Add lines 2a-2i	f		<b>&gt;</b>				
		nvestment income (i			interest, and other	8,05	-0		0.05
		imilar amounts) Income from investm			ond proceeds	` <u>                                      </u>	19		8,05
						<del> </del>			
		•	(ı) Rea		(II) Personal	<u>†                                      </u>			
	6a	Gross rents				7			
	ь	Less rental expenses				-			
						_			
	С	Rental income or (loss)							
	d	Net rental income o	r (loss)			_			
			(ı) Securit	ies	(II) Other				
		Gross amount from sales of		12,899	17,17	5			
		assets other than inventory							
	ь	Less cost or				-			
		other basis and sales expenses		11,281					
		Gain or (loss)		1,618	17,17				
		Net gain or (loss)			<b>•</b>	18,79	93		18,79
a l		Gross income from f (not including \$		ents of					
n He		contributions reporte See Part IV, line 18	ed on line 1c)	a					
ev.		Less direct expense				+			
ar F		Net income or (loss)				_			
Other Revenue		Gross income from g		es					
		See Part IV, line 19		а	}				
	b	Less direct expense	s	ь		1			
	c	Net income or (loss)	from gaming	activit	ies <b>&gt;</b>				
		Gross sales of invent							
		Tecamo ana anomana		a					
	b	Less cost of goods s	sold	b					
	c	Net income or (loss)		invent					
	4.4	Miscellaneous	Revenue		Business Code	_			
	11:	d							
						-			
	Ь								
						1	1		
	С								
	ه.	All other revenue .				1			
		Total. Add lines 11a			•				
	12	Total revenue. See	instructions			172,01	16		26,852

Chatamant of Experience Experience				Page I					
Part IX Statement of Functional Expens ection 501(c)(3) and 501(c)(4) organizations must or	<b>es</b> omplete all columns  All other org	anızatıons must comp	olete column (A)						
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraisingexpense					
1 Grants and other assistance to domestic organization domestic governments. See Part IV, line 21	itions and 72,800	72,800							
2 Grants and other assistance to domestic individua IV, line 22	als See Part								
<b>3</b> Grants and other assistance to foreign organization governments, and foreign individuals. See Part IV and 16									
4 Benefits paid to or for members									
<b>5</b> Compensation of current officers, directors, trustokey employees	ees, and								
<b>6</b> Compensation not included above, to disqualified defined under section 4958(f)(1)) and persons desection 4958(c)(3)(B)									
7 Other salaries and wages									
8 Pension plan accruals and contributions (include sign) and 403(b) employer contributions)									
<b>9</b> Other employee benefits									
. <b>0</b> Payroll taxes									
L1 Fees for services (non-employees)									
a Management									
<b>b</b> Legal									
c Accounting	. 115		115						
d Lobbying									
e Professional fundraising services See Part IV, line									
f Investment management fees			671						
g Other (If line 11g amount exceeds 10% of line 25 (A) amount, list line 11g expenses on Schedule C	5, column 1,050	1,050							
2 Advertising and promotion	2,169	2,169							
<b>3</b> Office expenses	759		759						
4 Information technology									
<b>5</b> Royalties									
6 Occupancy	. 875	875							
7 Travel									
.8 Payments of travel or entertainment expenses for federal, state, or local public officials	r any								
.9 Conferences, conventions, and meetings									
O Interest									
1 Payments to affiliates									
2 Depreciation, depletion, and amortization									
23 Insurance									
24 Other expenses Itemize expenses not covered at miscellaneous expenses in line 24e If line 24e ar exceeds 10% of line 25, column (A) amount, list expenses on Schedule O)	mount								
a WEBSITE COSTS	3,600	3,600							
b CLEANING EXPENSES	490		490						
c SUPPLIES	329	329							
d e. All other expenses									
e All other expenses	1 24e 82,858	80,823	2,035						
<ul> <li>Total functional expenses. Add lines 1 through</li> <li>Joint costs. Complete this line only if the organic reported in column (B) joint costs from a combine</li> </ul>	zation	80,823	2,035						
educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 95									
	0 /			Form <b>990</b> (2017					

2

3

Assets

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

80,546

502.259

582,805

0

582,805

582,805

582.805

Form **990** (2017)

(B)

End of year

1

2 3

4

5

6

8 9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

472,083

472,083

472.083

0

454.745

472.083

17.338

(A)

Beginning of year

Page **11** 

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

Cash-non-interest-bearing . Savings and temporary cash investments . .

Pledges and grants receivable, net . . 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 . Inventories for sale or use . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D

10a

Less accumulated depreciation 10b

Investments-publicly traded securities . Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11

11 12 13 14 Intangible assets . . . . .

Other assets See Part IV, line 11 .

15

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

Accounts payable and accrued expenses

Grants payable . . . 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 persons Complete Part II of Schedule L .

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

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

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

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Temporarily restricted net assets

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

Form	990 (2017)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			172,016
2	Total expenses (must equal Part IX, column (A), line 25)	2			82,858
3	Revenue less expenses Subtract line 2 from line 1	3			89,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			472,083
5	Net unrealized gains (losses) on investments	5			21,564
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	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			582,805
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
_					
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
_					
- 19-72					
1					

### Additional Data

Software ID:

EDUCATION SERVICES THE CARNEGIE MUSEUM FOUNDATION PROVIDES A WIDE RANGE OF EDUCATION EXPERIENCE FOR ALL AGES WE HAVE PROGRAMS FOR EVERYONE FROM PRESCHOOL STUDENTS TO SENIOR CITIZENS SOME OF OUR PROGRAMS INCLUDE PRESCHOOL TOURS, 5TH GRADE LEWIS & CLARK EXPERIENCE, HIGH

Software Version: **EIN:** 74-3182105

COUNTY

Form 990 (2017)

Form 990, Part III, Line 4a:

SCHOOL INTRODUCTION TO ART, HOME SCHOOL TOURS, AND ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAMS, ASSISTED LIVING RESIDENTS

Name: CARNEGIE MUSEUM FOUNDATION OF JEFFE

#### Form 990, Part III, Line 4b: OPEN HOUSE THE CARNEGIE MUSEUM FOUNDATION OFFERS SEVERAL OPPORTUNITIES FOR THE PUBLIC TO COME VISIT THE MUSEUM THE MUSEUM STAYS OPEN LATE THE FIRST FRIDAY OF EVERY MONTH IN COORDINATION WITH THE CITY OF FAIRFIELD'S "FIRST FRIDAYS" WE ALSO PARTNER UP WITH THE FAIRFIELD AREA CHAMBER OF COMMERCE ANNUALLY TO PARTICIPATE IN THE BUSINESS AFTER HOURS EVENT. THE MUSEUM IS ALSO A POPULAR VENUE FOR EVENTS SUCH AS REUNIONS. FOR

PARSON'S COLLEGE ALUMNI, FAIRFIELD HIGH SCHOOL ALUMNI, AND FAMILIES

#### Form 990, Part III, Line 4c: RESEARCH SERVICES. THE CARNEGIE MUSEUM FOUNDATION PROVIDES BOTH PRIMARY AND SECONDARY RESEARCH OPPORTUNITIES. WE MAKE OUR COLLECTIONS. AVAILABLE FOR SUCH ACTIVITIES AS PHD THESIS RESEARCH, GENEALOGY RESEARCH, AND IOWA TRAVEL GUIDE RESEARCH. THE MUSEUM HAS RECENTLY BEEN

FEATURED IN SEVERAL PUBLICATIONS

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493127007159
	m 99	OULE A		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe • Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	Ort a section	2017
•		the Treasury	► Inf	ormation abou	ut Schedule A (Form	990 or 990-EZ <u>ov/form990</u> .	) and its instru	ictions is at	Open to Public Inspection
Nam	e of th	nue Service h <b>e organiza</b> USEUM FOUND		E	i i i i i i i i i i i i i i i i i i i	<u> </u>		Employer identific	<del></del>
	rt I	Reason	or Public	Charity State	<b>us</b> (All organization	s must comple	te this part ) 9	74-3182105 See instructions	
					e it is (For lines 1 thro			occ mocractions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2	$\Box$	A school de	scribed in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	r a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). Е	nter the hospital's
5			ition operate ( <b>iv).</b> (Compl		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	<b>✓</b>	section 17	0(b)(1)(A)	(vi). (Complete				init or from the genera	al public described in
8		A communi	ty trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(a</b>	
a		Type I. A s organizatio	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint 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	organization sup porting organiza	ervised or controlled i ation vested in the sar				
с		Type III f	ınctionally		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n	on-function	nally integrate The organizatio	d. A supporting organ n generally must satis rt 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	ganızatıon recei	ved a written determing integrated supporting	nation from the II		pe I, Type II, Type II	functionally
f	Enter			d organizations	megrated supporting	organization			
g	Provi	de the follow	ing informati	ion about the su	upported organization(	s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	I								

P	art II Support Schedule for (	Organizations	Described in S	ections 170(b)	)(1)(A)(iv), 17	'0(b)(1	L)(A)(vi)	, and 170
	(b)(1)(A)(ix) (Complete only if you che	acked the how a	n line E 7 9 er	O of Dort I or if	the erganizatio	n failed	to qualify	under Dort
	III. If the organization fa						to quality	under Part
_	Section A. Public Support	ms to quality and	aci the tests list	ed below, pieds	e complete rait			
_	Calendar year							(6)
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e).	2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	14,591	17,021	23,187	65,375		145,164	265,338
_	include any "unusual grant ")						<del></del>	
2	Tax revenues levied for the organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge	11.501	17.004	20.427	55.075			265.000
4	Total. Add lines 1 through 3	14,591	17,021	23,187	65,375		145,164	265,338
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							117,214
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							148,124
_	Section B. Total Support	l.	t		t			
_	Calendar year	4 32242	4133044	4.3004.5	. Danie			
	(or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e).	2017	<b>(f)</b> Total
7	Amounts from line 4	14,591	17,021	23,187	65,375		145,164	265,338
8	Gross income from interest,							
	dividends, payments received on	9,054	12,069	25,455	12,810		8,059	67,447
	securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business							
_	activities, whether or not the							
	business is regularly carried on							
10								
	loss from the sale of capital assets (Explain in Part VI )							
11								
	10							332,785
12	Gross receipts from related activities, e	etc (see instructio	ns)			12		
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501	c)(3) organ	nization,
	check this box and <b>stop here</b>	=						
	Section C. Computation of Public							
14				olumn (f))		14		44 510 %
	Public support percentage for 2016 Sch					15		66 930 %
	33 1/3% support test—2017. If the			on line 13 and line	- 14 is 33 1/3% or		heck this h	
102	and <b>stop here.</b> The organization qualif				14 13 33 1/3 /0 01	more, e	TICCK CITIS D	~ <b>▶ ☑</b>
	and <b>stop nere.</b> The organization quality <b>33 1/3% support test—2016.</b> If the				nd line 15 is 22 1/	20% or m	oro chock	
E	• • •	_			ind line 15 is 55 1/	3 /0 <b>01</b> 11	iore, check	_
	box and <b>stop here.</b> The organization				o 12 165 or 16h	and line	. 1.4	▶□
17a	10%-facts-and-circumstances test	—2017. If the org	anization did not (	LITEUR & DOX OF HING	= 13, 10d, 0f 10D, .hev-and atom-ba	anu iine درسا	. 14	
	4 21-							

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► 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 Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	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 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	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	<b>Public support.</b> (Subtract line 7c from line 6 )						
Se	ection B. Total Support	1	I	l			I
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13							
	11, and 12)  First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and <b>stop here</b>	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	<b>17</b> (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	<b>33 1/3% support tests—2016.</b> If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

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	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

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

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(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	
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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
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 <b>Part VI</b> 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	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

	determination	3b		
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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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	40	( )	

	If "Yes," explain in <b>Part VI</b> 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	ted organization")? If "Yes" and if you  4a  ke grants to the foreign supported and discretion despite being controlled or an IRS determination under sections inization used to ensure that all support purposes  the tax year? If "Yes," answer (b) and I EIN numbers of the supported (iii) the authority under the		
	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			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
c	supervised by or in connection with its supported organizations  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 <b>Part VI</b> 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		
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 <b>Part VI</b> , 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			

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	etermination under sections sed to ensure that all support  ear? If "Yes," answer (b) and others of the supported authority under the complished (such as by	
С	supervised by or in connection with its supported organizations 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 <b>Part VI</b> what controls the organization used to ensure that all support	40	
	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

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

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

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

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

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

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

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

than (1) its supported organizations. (11) 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

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

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

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

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

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

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

Pa	rt IV Supporting Organizations (continued)		<u>'</u>	uge D
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	ection B. Type I Supporting Organizations		1	
			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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	_		
S	ection C. Type II 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 <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
S	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	res	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	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 <b>Part VI identify those supported organizations and explain</b> 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? Provide details in <b>Part VI</b> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	36		

Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
	Management and the second of the Control Bullion Control A			

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	<del>-</del> -	
	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

	, ,			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who	sive (provide		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Distributions to attentive supported organizations to what details in Part VI) See instructions		
9 Distributable amount for 2017 from Section C, line 6		
10 Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017	
Distributable amount for 2017 from Section C, line     6		
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions		
<b>3</b> Excess distributions carryover, if any, to 2017		
а		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
6 Takal addison 2a khararah			

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

\$		
a Applied to underdistributions of prior years		
<b>b</b> Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
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 See instructions		
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		

2017, if any Subtract lines 3g and 4a from line 2  If the amount is greater than zero, explain in Part VI  See instructions		
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		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		

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

**c** Excess from 2015. . . . . d Excess from 2016. . . e Excess from 2017. . . . .

## Additional Data

### Software ID: Software Version:

**EIN:** 74-3182105

Name: CARNEGIE MUSEUM FOUNDATION OF JEFFE

Page 8

COUNTY

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

## **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.

Department of the Treasury Internal Revenue Service Name of the organization

CARNEGIE MUSEUM FOUNDATION OF JEFFE

(Form 990)

COUNTY

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

OMB No 1545-0047 Open to Public **Inspection Employer identification number** 

DLN: 93493127007159

74-3182105

Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye	sed Funds or Ot	her Similar Funds	or Accounts.
	Complete if the organization answered Ye		art IV, line b. advised funds	(b)Funds and other accounts
	Total number at end of year	(a) Bollot	davised farius	(b)) and other accounts
· •	Aggregate value of contributions to (during year)			
1	Aggregate value of grants from (during year)			
ı.	Aggregate value at end of year			
	Did the organization inform all donors and donor adviso	re in writing that the	assets held in donor a	dvised funds are the
	organization's property, subject to the organization's ex	cclusive legal control	>	☐ Yes ☐ No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			
Pa	rt II Conservation Easements. Complete if th	ne organization ar	swered "Yes" on For	m 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organ	nızatıon (check all th	at apply)	
	Preservation of land for public use (e g , recreation	n or education)	Preservation of ar	n historically important land area
	Protection of natural habitat	·	Preservation of a	certified historic structure
	Preservation of open space			
,	' '	gualified concentration	on contribution in the fo	orm of a concentration
-	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified Conservation	on contribution in the 10	Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified histori	ıc structure ıncluded	ın (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ıred after 8/17/06, a	nd not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extingu	ished, or terminated by	the organization during the
ŀ	Number of states where property subject to conservation	on easement is locate	ed <b>▶</b>	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g, inspection, handling	of violations,
<b>,</b>	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of vic	lations, and enforcing c	conservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violation	ns, and enforcing consei	rvation easements during the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the re	quirements of section 1	170(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the orga		
ar	t III Organizations Maintaining Collections		l Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Ye			
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	public exhibition, ed	ucation, or research in	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items			
(	i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
(i	i)Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	•		
а	Revenue included on Form 990, Part VIII, line 1	- ( 2 2 2 2 3 ) Teluc	5 11 11.300 1001113	<b>▶</b> \$
				• • • • • • • • • • • • • • • • • • •
	Assets included in Form 990, Part X	<u> </u>	C 1 N	52282D Schodulo D (Form 990) 2017

Part		Organizations Maintaining C	Collections o	f Art,	Hist	orie	cal	Trea	sur	es, or Other Sir	nilar Assets (co	ontinued)
3	Using	the organization's acquisition, access (check all that apply)	sion, and other	records	s, che	eck a	any (	of the	follo	wing that are a sig	inificant use of its	collection
а		Public exhibition				d		Loa	an or	exchange prograr	ns	
b		Scholarly research				e		Oth	ner			
c		Preservation for future generations										
4	Provi Part :	de a description of the organization's KIII	collections and	explair	n how	the	y fu	rther t	he c	organization's exem	npt purpose in	
5		g the year, did the organization solici s to be sold to raise funds rather than									Yes	□ No
Par	t IV	Escrow and Custodial Arran Complete if the organization ar X, line 21.		' on Fa					line	9, or reported a		
of rep	ıst all oortabl	of the organization's <b>former</b> officers, e compensation from the organization of the organization's <b>former directo</b> 1, more than \$10,000 of reportable co	n and any relaters or trustees	ed orga that re	jhest nizati ceive	ions d, ir	npen n the	сара	city .	as a former directo	r or trustee of the	,000
List p	ersons	in the following order individual trued d employees, and former such perso	stees or directo		_					-		
<b>V</b>	Check	this box if neither the organization no	r any related o	rganıza	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	<b>.</b>
(A) Name and Title		(B) Average hours per week (list any hours	one b oth a	(C) (do not check more box, unless person an officer and a ector/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
			for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		DY	1 00	х		х				0	0	(
	Y CHAI		1 00	х		х				0	0	,
(3) LC			1 00	х		х				0	0	(
		OUNTRYMAN	1 00	х		x				0	0	(
(5) GE	NE LUE	DTKE	1 00	х						0	0	(
(6) ST	EVE SN	1ITH	1 00	х						0	0	(
<u>#</u>	Service Service	/ TTI   FD	1 00								_	

	See Form 990, Part X, line 12.						
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value			thod of val -of-year m	uation narket value
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
١)							
3)							
:)							
))							
:)							
)							
5)							
H)							
	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. Se	e Form 99	0, Part X,	, line 13.
	(a) Description of investment	<b>(b)</b> Bo	ook value			thod of val -of-year m	uation narket value
L)							
2)							
1)							
1)							
5)							
5)							
7)							
3)							
9)							
	nn (b) must equal Form 990, Part X, col (B) line 13 )						
otal. (Colum	Other Assets. Complete if the organization answered 'Yes' of	on Forr	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
otal. (Colum Part IX		on Forr	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	t X, line 15 <b>(b)</b> Book value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
otal. (Column	Other Assets. Complete if the organization answered 'Yes' of	on Forr	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
Part IX )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pan	
cart IX  ) ) )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pan	
rational (Columnia)	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
rational (Columnia) ) ) ) ) ) )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
cart IX  )  )  )  )  )  )  )  )	Other Assets. Complete if the organization answered 'Yes' of	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
cotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Par	
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes' (a) Description					. •	(b) Book value
chal. (Column Part IX  )  )  )  )  )  )  )  )  )  )  otal. (Columnary)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo			. •	(b) Book value
chal. (Column Part IX  )  )  )  )  )  )  )  )  )  )  otal. (Columnary)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, P		. •	(b) Book value
cotal. (Columnia)  )  )  )  )  )  )  otal. (Columnia)  )  part X  ) Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
htal. (Columnia IX ) ) ) ) ) ) ) ) otal. (Columnia IX ) Part X ) Federal I	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
) ) ) ) ) ) ) otal. (Column ) ) ) ) ) ) part X  ) Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
) ) ) ) ) ) ) ) otal. (Column ) ) ) ) ) ) ) ) Federal   ) ) )	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
cart IX  )  )  )  )  )  )  )  part X  part X  )  Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
Part IX  (Column  (Co	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
Part IX  (Column  (Co	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value
ptal. (Colum. Part IX  1)  2)  3)  4)  5)  7)  otal. (Colum. Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, P		. •	(b) Book value

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		<b>2</b> c			
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 VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) $\ .$		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	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			
c	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	Add lines <b>4a</b> and <b>4b</b>				4c	
5		1c. (This must equal Form 990, Part I, line 18	) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 22d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Additional Data Table					

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

Schedule D (Form 990) 2017

### **Additional Data**

Software ID: Software Version:

**EIN:** 74-3182105

Name: CARNEGIE MUSEUM FOUNDATION OF JEFFE

COUNTY

**Supplemental Information** 

MUSEUM

Return Reference

Explanation SCHEDULE D. PAGE 2, PART V. THE INTENDED USE OF THE ENDOWMENT FUNDS ARE FOR CAPITAL EXPENDITURES FOR THE BENEFIT OF THE

LINE 4

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DL	N: 93493127007159
Grants and Other Assistance to Organizations,  Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.qov/form990">www.irs.qov/form990</a> .							2017 Open to Public Inspection	
Name of the organization CARNEGIE MUSEUM FOUND.	ATION OF JEFFE						loyer identific 3182105	cation number
COUNTY  Part I General Inf	ormation on Grants	and Assistance				/	3102103	
the selection criteria u  Describe in Part IV the  Part II Grants and Ot	used to award the grants e organization's procedur	or assistance? res for monitoring the us restic Organizations ar	e of grant funds in the U	nited States	for the grants or assistan	,	, Part IV, line	Yes No
(a) Name and address of organization or government	of (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)		ription of assistance	(h) Purpose of grant or assistance
(1) CARNEGIE HISTORICAL MUSEUM 114 S COURT ST FAIRFIELD, IA 52556	42-6004655	GOV		72,800	APPRAISAL	HISTORICAL '	TREA	PUBLIC DISPLAY
	section 501(c)(3) and go other organizations liste	-					. •	1
For Paperwork Reduction Act	Notice, see the Instructio	ns for Form 990.	_	Cat No 50055	5P		Sch	nedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page <b>2</b>
Part III Grants and Other A Part III can be duplic			ials. Complete if the org	ganization answered "Yes	" on Form 990, Part IV, line 22	-
(a) Type of grant or assis		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Informati	on. Provide the in	formation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanation	on				
SCHEDULE I, PAGE 1, PART I, LIN	E ITEMS DON	IATED TO THE CARNI	GIE HISTORICAL MUSE	UM ARE MONITORED BY	THE CITY OF FAIRFIELD, IOWA W	HO MAINTAINS OWNERSHIP OF THE MUSEUM

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349312	7007	159
	EDULE M			Noncash Contri	hutione		OMB No 1	545-0	047
(For	m 990)			Monicasii Contin	Dutions		20	17	7
	►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.							<b>17</b>	
		► Attach to Form							
	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	ıle M (Form 990) and its i	nstructions is at <u>www.ir</u>	s.gov/form990	Open to Inspe		
	of the organizat					Employer identif	fication n	umbei	r
COUN		IDATION OF JEFFE				74-3182105			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash con	(d) of determin tribution a		:s
1	Art—Works of art	t							
	Art—Historical tr		X	17	72,80	0 APPRAISAL			
3	Art—Fractional in	nterests			·				
4	Books and public	ations							
5	Clothing and hou	isehold							
_	_		<u> </u>						
	Cars and other v								
7	Boats and planes								
	Intellectual prope Securities—Public	•							
	Securities—Public	•							
	Securities—Partr or trust interest	nership, LLC,							
12	Securities—Misce								
	Qualified conserve contribution—Hi	vation istoric							
14	structures . Qualified conserve contribution—Of	vation							
15	Real estate—Res	idential .							
16	Real estate—Cor	mmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	cal supplies .							
	Taxidermy .								
	Historical artifact								
	Scientific specim								
	Archeological art Other ▶ (					+			
	Other • (								
	Other • (					1			
	Other • (	•							
	· ·	· · · · · · · · · · · · · · · · · · ·	he organiza	ation during the tax year for	contributions				
				3, Part IV, Donee Acknowled		29			
								Yes	No
30a				y contribution any property r					
				e of the initial contribution, a			pt   <b>30a</b>		No
b	If "Yes," describ	e the arrangement i	n Part II				504		
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ributions?	31		No
32a				or related organizations to so		ash · · · ·	32a		No
ь	If "Yes," describ	e in Part II							
	•		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	•			` '	•			
For D	anerwork Peductiv	on Act Notice, see the	Instruction	ns for Form 990	Cat No 512271	Schedu	ıle M (Form	000)	(2017)

Schedule M (Form 990) (2017)	Page <b>2</b>					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Pa I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
, ,	CARNEGIE MUSEUM FOUNDATION DOES NOT AT THIS PRESENT TIME HAVE A FORMAL POLICY THAT REQUIRES REVIEW OF NON-STANDARD CONTRIBUTIONS HOWEVER, THE ORGANIZATION IS WORKING WITH LEGAL COUNSEL TO DEVELOP A POLICY AND PLANS TO IMPLEMENT THE POLICY EFFECTIVE FOR THE 2018 REPORTING YEAR					
	Schedule M (Form 990) (2017)					

efile GRAPH	IIC print	- DO NOT PROCESS   As Filed Data -	DL	N: 93493127007159
SCHEDUL	E O	Supplemental Information to Form 990 o	or 990-EZ	OMB No 1545-0047
Form 990 or 990- EZ)  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.		uestions on nation.	2017 Open to Public Inspection	
Internal Devenue Corner				ntification number
990 Schedul Return	e O, Sup	plemental Information  Explanation		
Reference	THE EIN	ANCE COMMITTEE WILL DEVIEW THE COARDING TO EILING THE BET-	IDN	
FORM 990, PAGE 6, PART VI, LINE 11B	I HE FINA	ANCE COMMITTEE WILL REVIEW THE 990 PRIOR TO FILING THE RETU	JKN	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PAGE 6, POLICY
PART VI,
LINE 12C

BOARD WILL ADDRESS CONFLICTS AS THEY ARISE AND ACT IN ACCORDANCE WITH THE CONFLICT OF INTEREST
ACCORDANCE WITH THE CONFLICT OF INTEREST

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. DOCUMENTS AVAILABLE UPON REQUEST PAGE 6, PART VI.

LINE 19