DLN: 93493317023829 **Return of Organization Exempt From Income Tax** Form **990**

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

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

2018

OMB No 1545-0047

Freasu Interna	l Rever	nue Service			<i>(Form</i> 990 for inst					Inspection
A F	or the	e 2019 c	alendar year, or tax yea	ar beginni	ng 01-01-2018 ,	and ending 12	-31-2018	-		
□ Ad		oplicable change	C Name of organization CONNER PRAIRIE MUSEUM	1 INC				D Employer 20-34026		ication number
☐ Ini	tıal ret	-	Doing business as							
□ Am	nended	n/terminated I return on pending	Number and street (or P O 13400 ALLISONVILLE ROAL		is not delivered to stre	et address) Room	/suite	E Telephone (317) 770		
— ,,,,,	piicutio	n penang	City or town, state or provi FISHERS, IN 46038	ince, country	, and ZIP or foreign po	ostal code				
								G Gross rece		3,903,283 ————
			F Name and address of Norman O Burns II	principal o	fficer		H(a)	Is this a group retu	ırn for	
			13400 ALLISONVILLE RO FISHERS, IN 46038	DAC			н(ь)	subordinates? Are all subordinate included?	s	□Yes ☑No □Yes □No
		npt status		c)() ◀ (ins	sert no)	a)(1) or	Ц(с)	If "No," attach a lis	•	instructions)
J W	ebsit	e:▶ ww	w connerprairie org				"(c)	Group exemption n	umber	•
K Forn	n of or	ganızatıon	✓ Corporation ☐ Trust	Associa	tion 🔲 Other 🕨		L Year	of formation 2005	M State	of legal domicile IN
Pa	art I	Sum	mary							
Activities & Governance	0		scribe the organization's m airie Museum, Inc Inspires es				history by	providing engaging,	ındıvıd	lualized and unique
ao ve	2	Check thi	s box ▶ ☐ If the organiza	ation disco	ntinued its operatio	ns or disposed c	of more tha	in 25% of its net ass	sețs	
೨ ×ಶ			of voting members of the o			•			3	37
<u> </u>			of independent voting mer		, ,				4	36
			nber of individuals employ		,	,			5	455
ACI			nber of volunteers (estima						6	465
			elated business revenue fr ated business taxable inco					• •	7a 7b	558,596 0
		Net uniei	ateu business taxable met	ome nom r	01111 990-1, IIIIE 34			Prior Year	/	Current Year
	8	Contribut	ons and grants (Part VIII,	line 1h)			-	6,662,75	59	8,437,159
Rəvenue	l		service revenue (Part VIII,	•				2,778,83		2,614,465
ōΛċ	l		ent income (Part VIII, colun					3,73		917
α	l		venue (Part VIII, column (A					1,864,04		1,898,093
	l		enue—add lines 8 through					11,309,37	⁷ 5	12,950,634
	13	Grants ar	nd sımılar amounts paid (F	Part IX, colu	ımn (A), lınes 1–3)		550,23	36	1,415,662
	14	Benefits p	oald to or for members (Pa	art IX, colu	mn (A), line 4) .				0	(
8	15	Salaries,	other compensation, empl	loyee bene	fits (Part IX, columi	n (A), lines 5-10)	7,073,50	8	7,644,190
Expenses	16a	Professio	inal fundraising fees (Part	IX, column	(A), line 11e) .				0	(
χb	Ь	Total fundr	aising expenses (Part IX, colu	umn (D), line	25) >747,160					
ш			oenses (Part IX, column (A	* *				3,675,04		3,878,799
			enses Add lines 13-17 (n			, line 25)		11,298,79		12,938,651
<u>જ</u> ૪ જે	19	Revenue	less expenses Subtract III	ne 18 from	line 12		Beg	10,58 inning of Current Yea		11,983 End of Year
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)				<u> </u>	A 061 20	20	5,690,243
A B	l		ilities (Part X, line 26)				-	4,961,38 712,31		1,429,181
ž Š	l		s or fund balances Subtra					4,249,07		4,261,062
	rt II		ature Block	det iiile 21				4,243,07	<u>-1</u>	4,201,002
Jnder knowl	pena edge	alties of pa and belie	erjury, I declare that I hav f, it is true, correct, and co							
апу К	nowle	uge 								
		******	* ure of officer					2019-11-13		
Sign		Signati	are of officer					Date		
Here	:		enger Vice President & CFO r print name and title							
		17	r print name and title rint/Type preparer's name	Т	Preparer's signature		Date	Int	IN	
Dair	4		ining rype preparer 5 flattie		rreparer s signature		Pare	Check L If PO	024088	3
Paid		r	ırm's name ► CROWE LLP				1	self-employed Firm's EIN ► 35-0	921680	
	oare On	;; -								
use	On	יע י ^F	ırm's address ► 135 N Pennsy		Suite 200			Phone no (317) 63	32-1100	
			Indianapolis, I	IN 46204						
May t	he IR:	S discuss	this return with the prepa	arer shown	above? (see instru	ctions)			✓ \	∕es □No

Form	990 (2	2018)					Page 2
Pa	ırt III	Statement of	Program Servic	e Accomplis	hments		
				nse or note to a	any line in this Part III		<u> </u>
1	Briefly	describe the orga	anızatıon's mıssıon				
	er Prair		nspires curiosity and	fosters learning	g about Indiana history	by providing engaging, individual	lized and unique
<u>expe</u>	rierices						
2	Did th	ne organization uni	dertake any significa	nt program ser	vices during the year w	hich were not listed on	
	the pr	rior Form 990 or 9	90-EZ?				🗌 Yes 🗹 No
	If "Ye	s," describe these	new services on Sch	edule O			
3	Did th	ne organization cea	ase conducting, or m	ake significant	changes in how it condi	ucts, any program	
	servic	es?					🗌 Yes 🗹 No
	If "Ye	s," describe these	changes on Schedule	e O			
4	Section	on 501(c)(3) and 5	on's program service i01(c)(4) organizatio if any, for each prog	ns are required	to report the amount of	largest program services, as mea of grants and allocations to others	sured by expenses s, the total
	(Code) (Expenses \$	8,938,273	including grants of \$	1,415,662) (Revenue \$	2,015,441)
	•	dditional Data	, (=p ==== +	2,223,2.2		_,,,,	_,, ,
4b	(Code) (Expenses \$	1,567,708	including grants of \$) (Revenue \$	1,191,826)
	See Ad	dditional Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$	}
70	(couc		/ (Expenses p		merading grants or \$	/ (Nevenue p	,
4d	Other	program services	(Describe in Schedu	le O)			
		nses \$	•	uding grants of	\$) (Revenue \$)
4e	Total	program service	e expenses >	10,505,9	81		
							Form 990 (2018)

22

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛂	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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 2	11d	Yes	
е	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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		

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

government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II

Νo

Yes

21

22

Part V, line 1 . . .

37

Part V

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

All Form 990 filers are required to complete Schedule O

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

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

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

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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

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

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

34

35a

35b

36

37

38

84

0

1a

1b

Yes

Yes

Yes

Yes

Yes

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Nο

Nο

No

Pa	Checklist of Required Schedules (continued)			
			Yes	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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L,	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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III. or IV. and			

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders .

b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

11a 11b 12b

13b

13c

13a

14a

14b

15

12a

No

Nο

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01111	JJ0 (2				rage
Par	t VI	Governance, Management, and Disclosure 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 Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines
Se	ction	A. Governing Body and Management			
_				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 37			
	If the	re 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			
L		r committee, explain in Schedule O the number of voting members included in line 1a, above, who are independent			
D	Enter	the number of voting members included in line 1a, above, who are independent 1b 36			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7 b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by following			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the inzation's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		B. Policies (This Section B requests information about policies not required by the Internal Revenue		٠ ١	140
	CCIOII	b. Folicies (This Section & requests information about policies not required by the Internal Neventa		Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a		No
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?			
		· · · · · · · · · · · · · · · · · · ·	16b		
		C. Disclosure			
17	LIST T	ne States with which a copy of this Form 990 is required to be filed IN			
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s 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		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , 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 Wenger 13400 Allisonville Road Fishers, IN 46038 (317) 776-6000			

orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee compe	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

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Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and	Higl	hest Co	mpens	ate	d Employees	(con	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours	than one box, unless person co							(D) Reportable compensation from the rganization (W-			w-	ated of other nsation the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MISC		2/1099-MISC	(1)	organiza rela organiz	ted
See Additional Data Table												-		
												_		
							\vdash					_		
							\vdash					_		
						•						Ţ		
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	art VII , Section					•			774,189			0		121,074
Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rec	eıved mo	re than	\$10	00,000	•		
													Yes	No
Did the organization list any former line 1a? <i>If "Yes," complete Schedule 2</i>						oyee,		-	mpensa	ted •	employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual											the	4	Vas	
5 Did any person listed on line 1a receiv	ve or accrue cor	npensat	ion fi	rom	anv	unrela	ated	organiza	tion or	ındıv	vidual for	-	Yes	
services rendered to the organization												5		No
Section B. Independent Contract														
1 Complete this table for your five high from the organization Report comper												mpei	nsation	
Name a	(A) and business addre	iss.							ı	Descr	(B)			C) nsation
MBP Distinctive Catering											nt services		00111111	296,322
2502 E 52nd St Indianapolis, IN 46205														
Liechty Media LLC									Media B	uys				293,411
120 W SUPERIOR ST FORT WAYNE, IN 46802														
LODGE DESIGN INC									ADVERT	ISIN	G/MARKETING			239,780
7 JOHNSON AVE INDIANAPOLIS, IN 46219														
Ratio Architects Inc									Archited	tural	consulting service	s		130,176
101 S Pennsylvanıa St Suıte 100														
Indianpolis, IN 46204 MKSK									Master	plan (consulting services			103,978
462 South Ludlow Alley														
Columbus, OH 43215	o (including but	not lim	ıtad t	-o +b	055	lictod	aba	ua) wha r		-l ma -	ro than #100 00	20 -4		

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

, dit	V	Check if Schedul	e O contains a	respo	onse or note to any	line in t	hıs Part VIII				🗆
							A) revenue	Rela ex fur	(B) ated or empt action venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1	a Federated campaig	ns	1a	1			10.	Citae	1	312 311
ants unt		b Membership dues	[1 b	397,192						
<u> </u>		c Fundraising events	[1c							
Ę,Ę		d Related organizatio	ns	1d	5,160,964						
<u>≅</u> . ₹		e Government grants (co	ontributions)	1e	119,095						
ns,		f All other contributions,									
:€ æ		and similar amounts n above	ot included	1f	2,759,908						
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included	27	6,107						
anc anc		h Total. Add lines 1a					8,437,159				
_					Business	Code	0,437,133				
Service Revenue	2a	Admissions & Fees				900099	2,2	17,273	2,217	,273	
د ۲۰	Ŀ	Membership Dues				900099	39	97,192	397	,192	
e F						900099					
ž.	C			_							
Š				_							
Program	f	· All other program se	rvice revenue					0		0	0 (
Po					2,6	14,465					
		Total. Add lines 2a-2				1					Γ
		Investment income (ii similar amounts) .	nciuaing aiviae		interest, and other		3,226	5			3,226
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds >						
	5	Royalties		•	>						
	_	_	(ı) Real		(II) Personal	-					
	68	Gross rents	82	22,118							
	ı	b Less rental expenses		,		1					
	•	c Rental income or (loss)	8.	22,118)					
	•	d Net rental income o	r (loss)			1	822,118	3		103,570	718,548
			(ı) Securiti		(II) Other						
	78	Gross amount from sales of	10	94,586							
		assets other than inventory		.,,,,,							
		h Less cost or				4					
	'	other basis and	19	6,895							
		sales expenses C Gain or (loss)		-2,309	()					
		d Net gain or (loss) .			•	1	-2,309				-2,309
	82	Gross income from f	_								
ıne		(not including \$ contributions reporte		of							
Other Revenue		See Part IV, line 18		а							
Re		b Less direct expense		b							
ıer		c Net income or (loss)		-	ents >						
Ott	98	Gross income from g See Part IV, line 19		es							
		·		а	ĺ						
	ı	b Less direct expense	s	b							
		c Net income or (loss)		activit	ies >						
	10	aGross sales of invent returns and allowand									
		rotarris una anomana		а	1,790,877						
	ı	b Less cost of goods s	sold	b	755,754	1					
		C Net income or (loss)	from sales of	ınvent	tory ►	_	1,035,123	3	580,097	455,026	
		Miscellaneous			Business Code						
	11	La Energy incentive inc	come		900099	9	28,147	'			28,147
	ı	b Miscellaneous reven	ue		900099)	12,705		12,705		
	•	с									
		d All other revenue .					0		0	0	(
	•	e Total. Add lines 11a	-11d		•		40,852				
	12	2 Total revenue. See	Instructions						2.0=====		
							12,950,634	<u> </u>	3,207,267	558,596	747,612 Form 990 (2018

Forr	n 990 (2018)				Page 10
_	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,415,662	1,415,662	g	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	231,324	34,699	115,662	80,963
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,510,893	4,617,242	535,469	358,182
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	267,744	162,304	86,555	18,885
9	Other employee benefits	1,182,016	700,950	346,205	134,861
10	Payroll taxes	452,213	350,578	57,519	44,116
11	Fees for services (non-employees)				
	Management				
	-	14,216		14,216	
	Legal			· · · · · · · · · · · · · · · · · · ·	
	Accounting	40,252		40,252	
	ILobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	911,015	794,516	93,602	22,897
12	Advertising and promotion	746,909	746,909		
13	Office expenses	990,597	896,192	73,077	21,328
14	Information technology	38,278		38,278	
15	Royalties				
	Occupancy	388,978	372,051	13,656	3,271
	Travel	37,112	22,261	4,785	10,066
	Payments of travel or entertainment expenses for any federal, state, or local public officials	37,112	22,201	1,700	10,000
10	Conferences, conventions, and meetings	32,941	22,034	5,430	5,477
		32,541	22,034	5,430	3,477
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	204,210	204,210		
23	Insurance	220,494	3,217	217,277	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Bank Charges and fees	97,760	90,748	7,012	
	b Donor Development	56,366	2,523	12,348	41,495
	c Federal Grant Expenditures	37,591	37,591		
	d Taxes, fees & assessments	21,111	19,908	1,203	
	e All other expenses	40,969	12,386	22,964	5,619
25	Total functional expenses. Add lines 1 through 24e	12,938,651	10,505,981	1,685,510	747,160
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

1,064,139

365.042

1.429.181

3.888.919

4,261,062

5,690,243

Form **990** (2018)

372,143

Form 990 (2018)

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Assets or Fund Balances

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

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.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Escrow or custodial account liability Complete Part IV of Schedule D

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

Organizations that follow SFAS 117 (ASC 958), check here > \square and

Grants payable . .

Deferred revenue .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

1	Cash–non-interest-bearing	1,781,144	1	2,191,875
2	Savings and temporary cash investments	164,135	2	192,494
3	Pledges and grants receivable, net	1,465,670	3	1,225,398
4	Accounts receivable, net	844	4	11,495
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0	5	0
6	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 $501(c)(9)$			

		Part II of Schedule L			0	5	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations c	(c)(3)(B), and of section 501(c)(9)		6	
eta	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			119,208	8	
4	9	Prepaid expenses and deferred charges			54,615	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,659,225			
	b	Less accumulated depreciation	10 b	1,498,543	1,353,473	10c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .		22,300	12	
	13	Investments—program-related See Part IV, line	11 .		0	13	

- O	ı <i>'</i>	Notes and loans receivable, net				,	
Ass	8	Inventories for sale or use			119,208	8	117,483
⋖	9	Prepaid expenses and deferred charges			54,615	9	80,290
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,659,225			
	ь	Less accumulated depreciation	10 b	1,498,543	1,353,473	10c	1,160,682
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .		22,300	12	21,473
	13	Investments—program-related See Part IV, line	11 .		0	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			0	15	689,053
	16	Total assets Add lines 1 through 15 (must equ	al line	34)	4.961.389	16	5.690.243

593,120

114.650

712.310

4.112.959

4,249,079

4,961,389

136,120

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ΙË		key employees, highest compensated employees, and disqualified			
iabili		persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	4,540	25	0

Form	990 (2018)				Page 12
Pa	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			,950,634
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	,938,651
3	Revenue less expenses Subtract line 2 from line 1	3			11,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	,249,079
5	Net unrealized gains (losses) on investments	5			
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,261,062
Pa	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				
				.,	
D	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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 ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3.	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Su	nale			l

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

Audit Act and OMB Circular A-133?

Νo

Form **990** (2018)

3b

Additional Data

Software ID: 18007697

Software Version: 2018v3.1 **EIN:** 20-3402627

Name: CONNER PRAIRIE MUSEUM INC

Form 990 (2018)

Form 990, Part III, Line 4a:

HISTORIC MUSEUM EXPERIENCE CONNER PRAIRIE MUSEUM, INC INSPIRES CURIOSITY AND FOSTERS LEARNING ABOUT INDIANA'S PAST BY PROVIDING ENGAGING, INDIVIDUALIZED AND UNIQUE EXPERIENCES THE MUSEUM STRIVES TO CULTIVATE INQUISITIVE, LIFELONG LEARNERS WHO POSSESS THE INTELLECTUAL CURIOSITY THAT WILL ENABLE THEM TO ADDRESS THE SIGNIFICANT CHALLENGES FACING OUR NATION CONNER PRAIRIE'S MARKET IS COMPOSED OF A DIVERSE MIX OF AUDIENCES, FROM URBAN SCHOOL VISITORS TO SUBURBAN, THREE-GENERATIONAL FAMILY GROUPS HOWEVER, THE MARKET CAN BE CATEGORIZED INTO FOUR BROADLY DEFINED OVERLAPPING GROUPS 1) VISITORS FROM LOCAL AND REGIONAL COMMUNITIES, 2) SCHOOL GROUPS FROM THE STATE OF INDIANA, 3) TOURISTS, AND 4) A WORLD-WIDE COMMUNITY OF SCHOLARS AND LEARNERS, WHO NOT ONLY VISIT THE MUSEUM IN-PERSON, BUT ALSO GAIN UNDERSTANDING, KNOWLEDGE

AND APPRECIATION FOR THE MUSEUM AND ITS PROGRAMS THROUGH THE MUSEUM'S WEBSITE (CONTINUED IN SCHEDULE 0)

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

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

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

Form 990, Part III, Line 4b:

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

50,469

0

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

and Independent Contractors

Norman O Burns II

President & CEO

Matthew W Wyatt

Board Member

Michael J Berry

Board member

Board Member

J Christopher Cooke

BOARD MEMBER

Board Member

Frederick A Medley

David R Day

	any hours	I	direct			ee)	1	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
RICHARD J THRAPP	1 0			x						
BOARD CHAIR	1 0	X		\				U	U	
CHRISTINE ALTMAN	1 0	х		x				0		
BOARD VICE CHAIR	0 0	1		^				J	0	
Alan H Cohen	1 0	X		x				0		
Treasurer	0 0	1							U	
Mary B Avers	1 0									

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BOARD VICE CHAIR	0 0				_	
Alan H Cohen	1 0		.			
Treasurer	0 0	X	×		U	
Mary B Ayers	1 0		Ų			
Secretary	0.0	X	×		0	

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

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

and Independent Contractors

JILL GROSSMAN

BOARD MEMBER

Board Member

Shawn A Smith

Board Member

Board Member

Board member

Marvin Blade

Board Member

Dick Ristine

David Mills

Philip V Scarpino PhD

	any hours	director/trustee)						organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Highest compensated emptoxies Key employee Officer Institutional Trustee		Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations		
Jenny J Schalliol	1 0	.,								
Board Member	0.0	X								0
Mıchael C Rechin	1 0	х						0	0	0
Board Member	0.0								١	
William G Batt	1 0									
Board Member	1 0	X							0	0
David L Cox	1 0	,,								
Board Member		X						0	0	0

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

director/trustee)

any hours

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

	for related organizations below dotted line)
William H Bryan	1 0
Board Member	
Board Member	0.0
Randy Wilson	10
Board Member	
Board Member	0.0
Jeff Hagerman	10
Board Member	0.0

Ex-Officio Board Member, Immediate Past Chair

Ex-Officio Board Member, President of the Alliance

Jay B Love

Board Member

Margaret S Dwyer

Rita D McCluskey

Board Member

Board Member

Beth Bechdol

Board Member

Board Member

Mandy Hunter

Reggie Henderson

Jay B Ricker

and Independent Contractors

Individual trustee or director

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employee

Highest compensated employee

Former

organization (W-

2/1099-MISC)

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organizations

(W-2/1099-

MISC)

from the

organization and

related

organizations

0

0

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

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

	any hours		direct			ee)	=	organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Cory Judd	1 0										
Ex-Officio Board Member, President of the Horizon Council	0 0	X						0	0	0	
Dave Kınard	1 0							0	0		
Board Member	0 0	X						0	0	0	
Deon Levingston	1 0	Х						0	0	0	
Board member	0 0							-			
Leah McGrath	1 0	.,									
Board member	0 0	X						0	0	0	
Jane Niederberger	1 0										
Board member	0.0	X						0	0	0	
Don Orr	1 0										

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157,639

149,670

142,516

24,169

20,618

3,701

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Leah McGrath	
Board member	
Jane Niederberger	_
Board member	

Vice President and Chief Financial & Operating

Board member

Kyle L Wenger

Andrew Bradford

Susana Suarez

Chief Development Officer

Chief Marketing Officer

Officer

Brian Timmerman Board member

and Independent Contractors

and Independent Contractors (A) Name and Title

hours per week (list any hours for related organizations below dotted line)

................

0 0

(B)

Average

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

(C)

compensation from the organization (W-2/1099-MISC)

(D)

Reportable

Reportable 124,200

compensation from related organizations (W-2/1099-MISC)

(E)

amount of other compensation from the organization and related organizations

22,117

Estimated

Richard Cooper

Chief Programs Officer

Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutio employee trustee 40 O

SCHEDUL Form 990 or 90EZ)			Charity Statu rganization is a sect 4947(a)(1) nonexe Mattach to Form		2018				
epartment of the Tr		► Go to	www.irs.gov/Forms			•	Open to Public Inspection		
ternal Revenue Ser ame of the or ONNER PRAIRIE M	ganization					Employer identific	<u> </u>		
						20-3402627			
			us (All organization e it is (For lines 1 thro			See instructions.			
_	•		ssociation of churches	•	•	(A)(i).			
	hool described in	section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
□ Aho	spital or a coope	rative hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).			
4 □ Am		rganızatıon operat	ed in conjunction with			-	Enter the hospital's		
	rganization opera 1)(A)(iv). (Con		t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section 170		
A fe	deral, state, or lo	cal government o	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).			
sect	ion 170(b)(1)(A)(vi). (Complete				nit or from the gener	al public described in		
B	mmunity trust de	escribed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	I)				
			escribed in 170(b)(1) ee instructions Enter				lege or university or		
from inve	activities related stment income a	d to its exempt fur	(1) more than 331/3% octions—subject to certiness taxable income (leading)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross		
•	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
mor	e publicly suppor	ted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(
Typ orga	e I. A supporting nization(s) the p	organization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
mar	agement of the s		pervised or controlled in ation vested in the san and C.						
			supporting organizations) You must com				ated with, its		
I Typ	e III non-funct tionally integrate	ionally integrated The organization	 d. A supporting organi n generally must satis rt IV, Sections A and 	zation operated fy a distribution	in connection wi requirement and	th its supported orga			
Che	ck this box if the	organization recei	ved a written determin	ation from the I		pe I, Type II, Type II	II functionally		
_		II non-functionally ted organizations	integrated supporting	organization		_			
			pported organization(Γ'			1		
	of supported nization								
				Yes	No				
otal							 		
	Reduction Act I	Notice, see the I	nstructions for	Cat No 11285	F !	Schedule A (Form 9	990 or 990-EZ) 201		

Sch	nedule A (Form 990 or 990-EZ) 2018						Page 2
E	art II Support Schedule for	Organizations	Described in Se	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						y under Part
_	III. If the organization for	alls to quality un	der the tests list	ed below, please	e complete Part	111.)	
_	Section A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	0.077.550	45 45 004	7 070 000	6 662 750	0.427.450	47.404.460
	membership fees received (Do not include any "unusual grant")	8,877,550	15,145,091	7,978,909	6,662,759	8,437,159	47,101,468
2	Tax revenues levied for the						
	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	8,877,550	15,145,091	7,978,909	6,662,759	8,437,159	47,101,468
5	The portion of total contributions by	8,877,330	13,143,031	7,370,303	0,002,739	0,437,139	47,101,408
•	each person (other than a						
	governmental unit or publicly						22 445 520
	supported organization) included on line 1 that exceeds 2% of the						32,115,530
	amount shown on line 11, column (f)						
_	Public support. Subtract line 5						
6	from line 4						14,985,938
_	Section B. Total Support		•	•	•	•	
	Calendar year	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	8,877,550	15,145,091	7,978,909	6,662,759	8,437,159	47,101,468
8	Gross income from interest,	0,077,000	13,113,031	,,,,,,,,,,	0,002,733	0,137,133	17,101,100
_	dividends, payments received on	603,205	657,715	662,971	656,904	721,774	3,302,569
	securities loans, rents, royalties and income from similar sources		337,7.23	332,572	333,23	,,	0,002,000
9	Net income from unrelated business						
-	activities, whether or not the	0	0	0	0	0	0
	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital	26,270	35,320	19,934	12,999	40,852	135,375
	assets (Explain in Part VI)	,	,	,	,	,	
11							50,539,412
12	10 Gross receipts from related activities,	etc (see instruction	ns)			12	16,016,784
	First five years. If the Form 990 is fo	,	•	d fourth or fifth i	tay year as a sect	L .	
	check this box and stop here						in Edition,
_	Section C. Computation of Public						
	Public support percentage for 2018 (III			olumn (f))		14	29 65 %
	Public support percentage for 2017 Sc			(.,,		15	28 75 %
	a 33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or		
	and stop here. The organization qual						▶ □
Ł	33 1/3% support test-2017. If th		•		nd line 15 is 33 1/	3% or more, check	this
	box and stop here. The organization	n qualifies as a pub	licly supported orga	anızatıon			▶ □
17	a 10%-facts-and-circumstances tes	-	•				
	is 10% or more, and if the organization in Part VI how the organization meets						
	organization	the ructs and the	Jamistances test l	ne organization qu	admics as a public	, Jupporteu	▶ ☑
ŀ	10%-facts-and-circumstances tes	st—2017. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, oi	17a, and line	F 🗀
•	15 is 10% or more, and if the organi:	zation meets the "f	acts-and-circumsta	nces" test, check	this box and stop	here.	
	Explain in Part VI how the organization	on meets the "facts	s-and-circumstance	s" test. The organ	ızatıon qualıfıes a	s a publicly	,
	supported organization Private foundation. If the organizati	ion did not check a	hov on line 12 14	a 16b 17a or 17	h check this hav	and see	▶□
18	instructions	ion did not check a	box on line 13, 16	a, 100, 1/a, 01 1/	D, CHECK CHIS DOX	and see	►□
	mod actions						

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
ь	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	16					
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization	-	-				▶□

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b 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 Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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 organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

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

provide detail in Part VI. 9a

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

organization had an interest? If "Yes," provide detail in Part VI. 9b

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

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

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

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

	addie A (FOITH 990 OF 990-EZ) 2010		-	age 3
26	rt IV Supporting Organizations (continued)		V-	.
	Has the everywhelm accorded a gift ou contribution from any of the fall owner.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
а	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c		11c		
	ection B. Type I Supporting Organizations			
	section 2. Type 2 supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	-			
<u></u>	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		res	NO
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		
	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)	
	The organization supported a governmental entity bescribe in Fart V2 now you supported a government entity (see	iii Sti u	ctions	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
	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	2L		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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 Part VI .	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 Part VI. the role played by the organization in this regard			

Schedule A (Form 990 or 990-FZ) 2018

	Talle A (101111 330 01 330 LZ) 2010			Page (
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting C	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 organiz			
	Section A - Adjusted Net Income	acions	(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	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A	Form 990 or 990-EZ) 2018 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	Facts And Circumstances Test
ļ	

Return Reference	Explanation
Schedule A, Part II, Line 17a TEN PERCENT FACTS AND CIRCUMSTANCES TEST 2015 EXPLANATION	Conner Prairie Museum ("CPM") was formed as an Indiana nonprofit corporation on September 1, 2005 CPM, an affiliate of the Smithsonian Museum, was organized to own, operate, and m anage the Conner Prairie Museum, which provides educational programs in Fishers, Indiana In 2005, CPM submitted Form 1023, Application for Recognition of Exemption ("CPM's 1023"), and based on CPM's 1023, the Internal Revenue Service ("Service") issued a determination letter recognizing CPM as an organization described in Code Section 501(c)(3) and as a pub lic charity by virtue of Code Sections 509(a)(1) and 170(b)(1)(A)(vi) ("CPM's Determination Letter") CPM has been organized and operating since 2005 CPM's organizational purposes and operations have not changed in any material respect since CPM's 1023 was submitted an dit received its determination letter. As detailed more fully below, during this time, CP M has provided countless educational activities and opportunities to the residents of Cent ral Indiana and beyond, providing hands on experiences for both children and adults alike. To ensure these opportunities are able to continue in perpetuity, CPM has been dedicated to obtaining public support for these operations. Despite these efforts, CPM's public supp ort over the past five years did not exceed one-third (1/3) of its financial support. Howe ver, the facts and circumstances clearly illustrate that CPM should continue to be classified as a publicly supported organization. Treas Reg. Sec. 1.170A-9T(f)(3) provides that "even if an organization fails to meet the 33% public support test, it is publicly supported of it normally receives a substantial part of its support from governmental units, from contributions made directly or indirectly by the general public, or from a combination of these sources, and meets the other requirements of this paragraph (f)(3). "There are sever al factors that are evaluated to determine whether an entity satisfies the 10% facts and circumstances test. The services and educational opportunities th

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Sec 1 170A-9T(f)(3) During the initial five year period after receiving the CPM Determination Letter, CPM

satisfied and continues to sa tisfy the required 10% public support test. CPM enjoys wide and significant support from I ndividuals, corporations, foundations, municipalities, and government entities CPM has in excess of 8,000 charitable contributors, varying in size, amount, and type of contribution. This public support is further enhanced by the revenue generated from the admission to the museum, including from stu-

110101111100	
Schedule A, Part II, Line 17a TEN PERCENT FACTS AND	dents and school corporations that visit CPM during the school year. Moreover, CPM maintains an active and dedicated program to seek out all types and levels of public funding. CPM 's fundraising entails a comprehensive development program that includes annual gifts, cor porate sponsorships, major gifts, in-kind gifts, foundation grants, and estate gifts. A de velopment team, consisting of an Annual Fund manager, Corporate Development Director, Gran t Writer, Vice President and CDO, and President and CEO, are responsible for soliciting funding through a variety of approaches, including written corporate and grant proposals, phone solicitations, in person solicitations, letters, and special events. The development o perations also include a research/database manager. This comprehensive fundraising program illustrates that CPM is organized and operated in a manner to attract new and additional public support on a continuous basis, providing additional support of its status as a publicly supported charity. Another important factor for satisfying the public support test is the type of public support received by the organization. Treas. Reg. Sec. 1.170A-9T(f)(3) (III)(B) provides that support. "from governmental units or directly or indirectly from a representative number of persons. Will be taken into consideration." In determining whether an organization satisfies the public support test. CPM clearly exemplifies an organization that satisfies this standard. CPM is integrationally represented for its History Park, where individuals are able to engage, evolute, and discover what
CIRCUMSTANCES TEST 2015 EXPLANATION	internationally renowned for its History Park, wher e individuals are able to engage, explore, and discover what it was like to live and play in Indiana's past. Accordingly, CPM enjoys broad public support. Governmental entities support CPM all throughout the school year as school corporations send their students to util ize and experience the educational opportunities offered by CPM. Many schools visit CPM to utilize and allow students.

Explanation

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Return Reference

epresentative number of persons will be taken into consideration" in determining whether an organization satisfies the public support test. CPM clearly exemplifies an organization that satisfies this standard CPM is internationally renowned for its History Park, wher e individuals are able to engage, explore, and discover what it was like to live and play in Indiana's past. Accordingly, CPM enjoys broad public support. Governmental entities sup port CPM all throughout the school year as school corporations send their students to util ize and experience the educational opportunities offered by CPM. Many schools visit CPM to utilize and allow students to engage in the History Park. Additionally, CPM is also supported by over 280,000 individuals that visit. CPM annually, approximately 60,000 are visiting as part of a school-sponsored program (students). Furthermore, CP M's commitment to being open and available to the entire public is illustrated by the fact that an entire family can obtain an annual membership pass to CPM for a little more than \$100. Finally, the influence of CPM is also shown by the summer camp that it hosts on an annual basis where over 2,500 children participate each summer. The public support of CPM is also illustrated through the representative governing body of CPM. According to Treas. R eg. sec. 1.170A-9T(f)(3)(iii)(C), an organization will be viewed as being publicly support ed if the "governing body represents the broad interests of the public, rather than the personal or private interests of a limited number of donors" and where the directors "are persons having

	ge or expertise in the particular field or discipline in which the organization is operating. To ensure CPM obtains a broad cross-section of the public, the CPM Board of Directors is authorized to have up to fifty (50) directors, currently CPM has thirty-seven (37) directors, and their biographies detailing the significant experience they each bring to the Board of Director's can be found at http://www.connerprairie.org/About-Conner-Prairie/Boar d-of-Directors. Moreover, to ensure that CPM has the requisite experience and knowledge to be a publicly supported organization, the requirements to be a director include, in part, that the director has "demonstrated philanthropic or non-profit interests or involvement with a substantial non-profit organization"
	as well as has "demonstrated ability to raise and/or make substantial gifts for the benefit of a non-profit
Schedule A, Part II, Line 17a TEN	organization " Finally, to h elp ensure the quality and experience CPM provides is at the highest level, each
DEDCENT EACTO AND	door at a contract to the contract of the co

Explanation

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organization " Finally, to help ensure the quality and experience CPM provides is at the highest level, each director must have "experience with a history museum and/or interest in early American history." For all these reasons, CPM's Board of Directors illustrates that CPM is a publicly supported organization. Finally, CPM's public support is illustrated by the educational activities it provides that directly benefit the public. Treas Reg. Sec. 1.170A-9T(f)(3)(iii)(d)(1) contemplates that an organization that provides facilities or services directly for the benefit of the general public illustrates that it is a publicly supported organization, and specifically identifies a museum as an organization that satisfies this criteria. CPM is j. ust that a museum that provides both facilities and services directly for the benefit of the public. This is evidenced by the fact that CPM is an affiliate of the Smithsonian Muse um. Not only does CPM carry out an important activity of educating individuals on the hist ory of Indiana, but it does so in a unique and interactive manner, attracting all populations, which furthers both CPM's mission and benefit to the public. The foregoing illustrates that CPM is clearly an educational

organization that is publicly supported, as defined in Treas Reg. Sec. 1 170A-9T(f)(3)

990 Schedule A, Supplemental Information Return Reference Explanation DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 16405 0, COLUMN B - 19945 0, COLUMN C -Schedule A. Part II. Line 10 Other 14994 0. COLUMN D - 12999 0. COLUMN E - 40852 0. COLUMN F - 105195 0. DESCRIPTION -FUNDRAISING GROSS RECEIPTS, COLUMN A - 9865 0, COLUMN B - 15375 0, COLUMN C - 4940 0, COLUMN Income D - 0 0, COLUMN E - 0 0, COLUMN F - 30180 0,

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493317023829 OMB No 1545-0047

Inspection Employer identification number

	me of the organization		Employer identification number	
CUI	NNER PRAIRIE MUSEUM INC	20-3402627		
Pā	art I Organizations Maintaining Donor Advis		s or Accounts.	_
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Funds and other accounts	
1	Total number at end of year	(a) Donor advised lunds	(b)Funds and other accounts	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adviso	es in writing that the assets held in donor	r adviced funds are the	
,	organization's property, subject to the organization's ex		Yes I	lo
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			No.
Pa	rt III Conservation Easements. Complete if th	e organization answered "Yes" on F		<u>. </u>
1	Purpose(s) of conservation easements held by the organ		· · · · · · · · · · · · · · · · · · ·	
	\square Preservation of land for public use (e g , recreation	or education) \Box Preservation of	f an historically important land area	
	Protection of natural habitat		f a certified historic structure	
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the	e form of a conservation	
	easement on the last day of the tax year		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 historic	` '	2c	
d	Number of conservation easements included in (c) acqui structure listed in the National Register		2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated	by the organization during the	
4	Number of states where property subject to conservatio	n easement is located >		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitoring, inspection, handli ?	ing of violations,	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing con	nservation easements during the year	
В	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section	n 170(h)(4)(B)(ı) ☐ Yes ☐ No	
9	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 organization's financial s	xpense statement, and	
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or C	Other Similar Assets.	
1a	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 finan	6 (ASC 958), not to report in its revenue public exhibition, education, or research	ın furtherance of public service,	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items			
1	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
(ii)Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS		financial gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$	
b	Assets included in Form 990, Part X		• <u></u>	

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Colle	ctions of Art, I	listori	cal T	reas	ures, or C	ther:	Similar Ass	ets (con	tınued)	
3		g the organization's acq is (check all that apply)	uisition, accession,	and other records,	, check	any of	the fo	ollowing tha	t are a	sıgnıfıcant use	e of its co	llection	
а	✓	Public exhibition			d		Loar	or exchang	ge prog	rams			
b	✓	Scholarly research			е		Othe	er					
С	✓	Preservation for future	generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5		ng the year, did the orga ts to be sold to raise fur								ılar [☐ Yes	☑ N	0
Par	rt IV	Escrow and Cust Complete if the ord X, line 21.			m 990	, Part	IV, I	ine 9, or r	eporte	d an amoun	t on For		
1a		e organization an agent ided on Form 990, Part)		or other intermed	liary for	contri	bution	ns or other a	assets r	_	Yes	□ n	0
Ь	If "Y	es," explain the arrange	ement in Part XIII ar	nd complete the fo	llowing	table				Am	ount		_
c		nning balance							lc				_
d	_	tions during the year						1	ld				_
е		ributions during the year	-					1	le l				_
f		ng balance							lf				_
_		_		000 D IV I	24 6						٦.,		_
2a		the organization include			•						_	∐ N	0
		es," explain the arrange											
Рa	rt V	Endowment Fund	as. Complete if tr							•		NF	
1 a	Regin	ning of year balance .		(a)Current year 117,462,416		rıor yea 105,740			174,772	(d)Three years 103,14		Four year) 104.1	227,089
	-	ibutions	· · · · ⊢	1,415,662			0,236	· · · · · · · · · · · · · · · · · · ·	503,388	*	8,281		407,010
		vestment earnings, gair	e and losses	-7,797,915		16,341			541,886		3,324		257,429
		s or scholarships	is, and losses	5,160,964		4,727		<u>`</u>	, 192,182		5,643		424,176
		expenditures for facilities	. ·	3,100,504		7,72	,,,,,,	5,-	+52,102		3,043		
		rograms	=5	1,687,308		442	2,199	2	287,351	36	7,028	;	324,866
f	Admır	nistrative expenses .		0			0		0		0		0
g	End o	f year balance	🗀	104,231,891		117,462	2,416	105,7	740,513	103,47	4,772	103,	142,486
2	Prov	ide the estimated percei	— ntage of the current	vear end balance	(line 1	a. colu	mn (a	a)) held as			I		
- а		d designated or quasi-e	=	2 56 %	(5,	(-	-,,					
ь	Pern	nanent endowment >	6 03 %										
		porarily restricted endov		0/0									
С		percentages on lines 2a											
3а	Are	there endowment funds nization by		•	tion tha	t are h	eld ar	nd administe	ered for	the		Yes	No
	_	inrelated organizations									3a(i)		No
	(ii)	related organizations .									3a(ii)) Yes	
b		es" on 3a(II), are the rel		isted as required	on Sche	dule R	?.				3b	Yes	
4	Desc	ribe in Part XIII the inte	ended uses of the or	ganızatıon's endo	wment 1	funds							
Par	t VI	, ,											
	Desci	Complete If the ord	ganization answei (a) Cost or other (investment)	basis (b) Cost	m 990 or other							10. Book valu	e
1a	Land												
b	Buildii	ngs											
c	Lease	hold improvements				7:	59,196	5		350,240			408,956
		ment				1,90	00,029			1,148,303			751,726
	1 · P					•		+		• •			

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

Part VII Investments—Other Securities. Complete if the organiz See Form 990, Part X, line 12.	ation answe	ered "Yes" on Form 990	J, Part IV, line IID.
(a) Description of security or category (including name of security)	(b) Book value		d of valuation year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,		e 11c. See Form 990,	Part X, line 13.
(a) Description of investment (b)	Book value		d of valuation year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	000 B. d	. TV bo = 111 C = 5 5 000	00 P-st V line 15
(a) Description	orm 990, Pan	IV, line IIa See Form 9	(b) Book value
(1) Due from Conner Prairie Foundation, Inc (2)			689,053
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			689,053
Part X Other Liabilities. Complete if the organization answered ' See Form 990, Part X, line 25.	Yes' on For	m 990, Part IV, line 11	e or 11f.
1. (a) Description of liability (1) Federal income taxes	(b) Boo	ok value	
Due to Conner Prairie Foundation, Inc			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		0	
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnotes			

Schedule D (Form 990) 2018

Page 4

		venue per Audited Financial Stateme zation answered 'Yes' on Form 990, Part			Return	
1 T		upport per audited financial statements			1	
2 A	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
a N	Net unrealized gains (losses) on ii	nvestments	2a			
b D	Donated services and use of facili	ties	2b			
c R	Recoveries of prior year grants .		2c			
d C	Other (Describe in Part XIII)		2d			
e A	Add lines 2a through 2d .		•			
3 S	Subtract line 2e from line 1 .				3	
4 A	Amounts included on Form 990, P	art VIII, line 12, but not on line 1				
a I	nvestment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b 0	Other (Describe in Part XIII) .		4b			
с А	Add lines 4a and 4b		٠		4c	
5 T	otal revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)			5	
Part 2		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Return	l.
1 T		dited financial statements			1	
	Amounts included on line 1 but no					
		ties	2a			
	Prior year adjustments		2b			
	Other losses		2c			
d C	Other (Describe in Part XIII) .		2d			
	,		·		_ 2e	
					3	
		Part IX, line 25, but not on line 1:				
	· ·	d on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII) .	, , , , , , , , , , , , , , , , , , ,	4b			
			ـــــ		- _{4c}	
		c. (This must equal Form 990, Part I, line 18			5	
Part						
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt V, line	4, Part X, line 2, Part
	Return Reference			planation		
See Add	ditional Data Table					

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 20-3402627

Name: CONNER PRAIRIE MUSEUM INC

Supplemental Information

Return Reference Explanation

Schedule D, Part III, Line 1a
Collections of art - financial statement footnote

Conner Prairie Museum, inc. maintains an extensive collection of items from 1800 to 1945 that are relevant to Central Indiana during those time periods. Due to the difficulty in establishing a value for Collections, purchases are expensed as purchased. Standard museum procedures are used in accessioning, deaccessioning, cataloging and managing objects. The museum's procedures provide a clean, safe and stable storage environment for its permanent collections. Objects used in the living history programs are given reasonable care towards continuing preservation. There were 104 and 32 deaccessions and 195 and 212 accessions in 2018 and 2017, respectively

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

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

applemental amortination									
Return Reference	Explanation								
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Museum is exempt from income taxes on income from related activities under Section 501 (c)(3) of the U.S. Internal Revenue Code. Additionally, the Museum is considered to be a public foundation. The Museum would be subject to income tax if any unrelated business income is generated during the year. For tax reporting purposes the 1859 Balloon Voyage LLC is considered a disregarded entity of the Museum and its activities are reported as the pare intorganization's information. Current accounting standards require the Museum to disclose the amount of potential benefit or obligation to be realized as a result of an examination performed by a taxing authority. For the years ended December 31, 2018 and 2017, management has determined that the Museum does not have any tax positions that result in any unce rtainties regarding the possible impact on the Museum's financial statements. The Museum does not expect the total amount of unrecognized tax benefits to significantly change in the								

e next 12 months

Supplemental Information

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DL	N: 934933170	23829	
Note: To capture the full co	ntent of this do	ocument, please se	lect landscape mode	: (11" x 8.5") whe	n printing.					
Schedule I		Grants and C	Athor Accietons	o to Organiz	ations		OMB No 1545-0047			
(Form 990)	4		ther Assistanc	_	•			2018		
			and Individuals		-					
	Coi	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public		
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	w.irs.gov/Form990 for		on.			Inspection		
Name of the organization							Employer identific	ation number		
CONNER PRAIRIE MUSEUM INC							20-3402627			
Part I General Informa	tion on Grants	and Assistance				<u> </u>				
	o award the grants nization's procedur ssistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un of Domestic Governme	ited States		·	990, Part IV, line	✓ Yes 21, for any recip	□ No	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose o or assistance	f grant	
(1) Conner Prairie Foundation Inc 13400 Allisonville Rd Fishers, IN 46038	20-3402547	501(C)(3)	1,415,662	0	N/A	N/A		Program Suppo	ort	
2 Enter total number of sectio	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .						1	
3 Enter total number of other	organizations listed	d in the line 1 table					•		0	
For Paperwork Reduction Act Notice	. see the Instruction	ns for Form 990.		Cat No 50055	jP		Sch	edule I (Form 990) 2018	

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

Schedule I (Form 990) 2018

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

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

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

Procedures for monitoring use of

Explanation

(7)

Part IV

grant funds

Return Reference Schedule I, Part I, Line 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	7023	829		
Schedule J (Form 990)		Co	40	OMB No 1545-00						
		For certain Office	2018							
Depar	tment of the Treasury		▶ Attach	n to Form 990. instructions and the latest infori		Open to Public				
Intern	al Revenue Service					Insp	ectio	n		
	me of the organiza INER PRAIRIE MUSE				Employer identificat	ion nu	ımber			
					20-3402627					
Pa	rt I Questi	ons Regarding Compensa	tion							
1a				f the following to or for a person liste ly relevant information regarding the			Yes	No		
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use					
	☐ Travel for	companions		Payments for business use of perso	nal residence			1		
		nification and gross-up payment	s 📙	Health or social club dues or initiati				1		
	☐ Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)					
b		xes in line 1a are checked, did that all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b				
2				or allowing expenses incurred by all	allowing expenses incurred by all					
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e la/					
3	organization's C	EO/Executive Director Check al	I that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
	✓ Compens	ation committee		Written employment contract						
		ent compensation consultant	\checkmark	Compensation survey or study						
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No		
b		r receive payment from, a suppl		lified retirement plan?		4b		No		
C	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of		the organization pay or accrue any						
а	The organization	n?				5a		No		
b	Any related orga					5b		No		
	-	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any						
а	The organization					6 a		No		
b	Any related orga					6b		No		
_	-	6a or 6b, describe in Part III	A. I	M	ı					
7		ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe irt III	a	7	Yes			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9				
For I	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2018		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

(A) Name and Title	\-/		ndıvıdual must equal the tot n of W-2 and/or 1099-MISC		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 Norman O Burns II	(i)	198,874	0	1,290	15,510	34,959	250,633	0
President & CEO	(ii)	0	0	0	0	0	0	0
2 Kyle L Wenger	(i)		0	425	11,933	12,236	181,808	0
Vice President and Chief Financial & Operating Officer	, (ii)	0	0	0	0	0	0	0
3 Andrew Bradford	(i)	139,453	10,000	217	7,625	12,993	170,288	0
Chief Development Officer	(ii)		0	0	0	0	0	0
	'			, 1		1	1	1
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						1	'	
	+		+		+			

Schedule J (Form 990) 2018						
Part III Supplemental Information						
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation					

Discretionary non-fixed bonuses were paid out to nearly all FT and PT employees during 2018

Schedule J, Part I, Line 7 Non-fixed

payments

2018 Schedule 1

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317023829 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** CONNER PRAIRIE MUSEUM INC 20-3402627 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 202,801 Market value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 8,336 Cost 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . . 24 Archeological artifacts . . Other ▶ (64,970 Cost Χ 25 Equipment) 26 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2					
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part 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					
	Securities - Publicly traded - Number of Contributions Food inventory - Number of Contributions Other - Equipment Number of Contributions					
	Schedule M (Form 990) (2018)					

efile GRAPHIC print - DO NOT PROCESS								DL	N: 934	93317023829		
SCHEDULI (Form 990 or 9 EZ) Department of the Tree	990-	Supplemental Information to 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. Go to www.irs.gov/Form990 for the latest information.							,	B No 1545-0047 2018 pen to Public Inspection		
Mamme Bethe of ga CONNER PRAIRIE M	r∰żatior		Employer identification									
990 Schedule	O, Su	ipplement	al Informa	tio	n							
Return Reference						E	Explanatio	on				
Form 990, Part III, Line 4a HISTORIC MUSEUM EXPERIENCE	THE ET THO: THE STATE OF THE ST	S IS DRAWN BALANCE BE E MUSEUM E SE SCHOOL THIN THE SC R MORE CU STINATION I OR ENHAN HISTORY IT BOUT HOW I OUGHT AFT E THAT UNF ND DATES F RUITING TOO ALREADY HI SE WALK, AL ALSO A MAJ E CALLED " I, DISCOVER VL, BUILD, E G INCLUDE I DS, HOWS IN BRATING IN BRAM ABOU D HEARTHSI KING PRACT	I LARGELY FEING ADULTS EACH YEAR A L GROUPS FI CHOOL DISTF LTURALLY D FOR FAMILIE ICE IN-CLASS IS A PLACE BEST TO CAFE ER DESTINA FOR BUSINES OLDS THE R FOR BUSINES OLTHAT HEL BERE THE PAN IS CIVIL WAR LOWING VIS OR COMPON CREATE COI EXY STATION A EXPLORE, RE GLORIOUS FI IDIANA'S RIC IT THE UNDE IDE SUPPER ICES) ULTIM	ROIS AND ROI	E 4A) OUR ON-SITM CENTRAL INDIAND SENIORS APPOCOME FROM ALM THE GREATER T(S) AS A GENERERSE THAN GENERERSE THAN GENERERSE THAN GENERERSE THE ENVIROUS FOR SCHOOLHNESS OF THE PASS, THE BEAUTY, SELL RECRUITS ARY VISITOR EXPAMP, WILLIAM CONTROLORS A CLOSER LOURS A CLOSER LOURS AND PRETEND A JAND PRETEND A JAND PRETEND A JAND PRETEND A JAND RAILROAN INTIMATE DINITELY, THE MUSEL JRE GENERATION JRE G	ANA PROX MOSINDIA RAL R RAL L RF AL REF AL R	APPROXII (IMATELY IT EVERY ANAPOLIS RULE, THE ATTENDA ATTENDA IMATELY INT FOR IT CHERS, A WHILE ENI INT FOR IT	MATELY (60,000 SO COUNTY METROIS REFORE NICE FOIL STESTS, AN ARE MEN FAMILIES PLANNEI COURAG ND PROGING TO TH READ, 183 ATIVE SPI AGES 8 A T OF CON ON'S BIR' T OF CON ON'S BIR' OF COLLO' D FOR SO ICE WITH IT A PURN	60% OF A CHOOL C IN INDIA POLITAN , SCHOO R THE MI ACE WHE ID EXPLO IORIES W WITH YO D FIELD ING INTE RAMMINO HE AREA HERE, YO IRIT IS CI AND YOU INER PR. TH CIRCA ND MATH CHOOL G THE GUI /EYOR O	ATTENDEES AF GROUP PARTIC INA AND NEIGH AREA REFLEC L GROUP PARTIC IDWEST, CONN ERE THEY CAN DRE NATURE, S WITH GRANDCH DUNG CHILDRE TRIP TO CONN EREST BEYONE G AT CONNER , AND IS AN AS ES FIVE DISTIN IETOWN, 1859 HE TREETOP O A MODERN W DU WILL FIND A ELEBRATED A INGER A PLAC A 1886), CURIO H), FESTIVAL C ORTH STAR (A GROUPS AND T ESTS ASSISTIN F HISTORY, BU	RE YOU' CIPANTS HBORING IT THE I TICIPAT HER PRA IER PRA ICIENCE HILDREN EN IT IS ER PRA ICIENCE EN IT IS EN IT	TH WITH S VISI G STATES DIVERSIT FION AIRIE IS E E, ART N, OR TA A MU LIRIE I E, FIGUR E IS O TH FON V T AND N IE CENTE BIT FROM LIMB, GRA AIR HINES (RSION LERAL PUBLIC 136 TINU

Return

Reference	·
Form 990, Part VI, Line 15b PROCESS USED TO ESTABLISH COMPENSATION	T VII (VP & CFO, AND DIRECTOR OF HUMAN RESOURCES) IS REVIEWED BY THE PRESIDENT/CEO USING C
OF OTHER OFFICERS/KEY EMPLOYEES	ASSOCI ATION OF MUSEUMS (AAM) COMPENSATION SURVEY IF COMPENSATION CHANGES ARE RECOMMENDED BY THE PRESIDENT/CEO, THE FINAL DECISIONS ARE DOCUMENTED AND REVIEWED BY THE EXECUTIVE COMPENSAT ION COMMITTEE THIS PROCESS TOOK PLACE IN 2018

Explanation

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

990 Schedule O, Supplemental Information

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

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

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

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Executive Compensation Committee, consisting of five Board members, conducted a perfor mance evaluation survey of the President/CEO. The entire Board had the opportunity to rate the President/CEO and offer comments. The Committee analyzed the results of the survey, r esearched comparative compensation data, and made a recommendation to the Board Chair. The data was then reviewed and approved by the Chair who then presented his recommendation to the Board in an Executive Session. This process took place in 2018.

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

the public

Part VI, Line
19 Required
documents
available to

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2018

Employer identification number

DLN: 93493317023829OMB No 1545-0047

Open to Public Inspection

				20-3402627			
Part I Identification of Disregarded Entities Complet	-				_		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country	ate (d) Total income y)	(e) End-of-year assets	(f) Direct controlling entity		
) 1859 BALLOON VOYAGE LLC 400 ALLISONVILLE ROAD 5HERS, IN 46038 -0660566	1859 BALLOON VOYAG EXHIBIT	GE IN	245,716	700,309	CONNER PRAIRIE MUSEUM I	NC	_
							_
							- -
							_
art II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years		nization answered	"Yes" on Form 990	, Part IV, line 34 t	pecause it had one or r	nore	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	g) n 512(b ontrolled tity?
CONNER PRAIRIE FOUNDATION INC 400 ALLISONVILLE ROAD	SUPPORT CONNER PRAIRIE MUSEUM	IN	501(c)(3)	Type I	CONNER PRAIRIE MUSEUM INC	Yes	No
SHERS, IN 46038)-3402547							
							<u> </u>
or Paperwork Reduction Act Notice, see the Instructions for For	rm 990.	Cat No 5013	<u>1</u> 5Y	<u> </u>	Schedule R (Form	990) 20	018

(a) ddress, and EIN of ed organization		Legal domicile (state or foreign country)	Direct controlling entity	sections 51	ted, total incom om		Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	aging ner?	Percent owners
							Yes	No		Yes	No	
											\vdash	
ations Taxable as a Coorganizations treated as	Corporation a corporation	or Trus on or tru	t Complete st during th	 If the orga ne tax year.	nization ans	wered "Yes	" on F	l orm 99	l 90, Part IV,	line	34	
(b) Primary activity	L do (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total Income		year	of- Perce	ntage	(13	(i) ection ! 3) con entit
												res
											\perp	\perp
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											\perp	
	organizations treated as	(b) Primary activity (state	zations Taxable as a Corporation or Trus organizations treated as a corporation or tru	rations Taxable as a Corporation or Trust Complete organizations treated as a corporation or trust during the legal domicile (state or foreign	country) sections 51 514) rations Taxable as a Corporation or Trust Complete If the orga organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (d)	country) sections 512- 514) Eations Taxable as a Corporation or Trust Complete if the organization ansorganizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile domicile (state or foreign (c) Legal domicile (state or foreign (c) Corp., S corp., or trust)	country) sections 512- 514) Eations Taxable as a Corporation or Trust Complete if the organization answered "Yes organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (C corp, S corp, or trust) (Type of entity (C corp, S corp, or trust) (Type of entity or trust)	rations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Forganizations treated as a corporation or trust during the tax year. Corporation Corporat	country) sections 512- 514) Yes No Yes No Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 90 organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (corp. S corp. or trust) organizations foreign (g) Share of total income year assets	country) sections 512- 514) Yes No Yes No Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (C) Type of entity Type of entity (C) Share of total income year assets assets assets assets assets assets	country) Sections 512- Yes No Yes Yes No Yes	country) sections 512- 514) Yes No Yes No

Schedule R (Form 990) 2018		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	 1a		No
b Gift, grant, or capital contribution to related organization(s)	 1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	 1c	Yes	
d Loans or loan guarantees to or for related organization(s)	 1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s)	 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	 1p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	 1r		No
s Other transfer of cash or property from related organization(s)	1s		No

m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining am	nount	involve	d
(1)Cc	opper Prairie Foundation Inc.			

1,415,662 Book value С 5,160,964 Book Value 0 63,000 Allocated Cost Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	\
				_						Schedul	e R (Form	1 99	0) 2018

