DLN: 93493318128680

OMB No. 1545-0047

Department of the

Return of Organization Exempt From Income Tax

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Treasu: Interna	•	nue Service		ov/Form990 for instructions and the	e latest inform	ation.		Inspection
				nning 01-01-2019 , and ending 12-	31-2019			
B Che	ck if a	pplicable:	C Name of organization Conner Prairie Museum Inc	-		D Employer	identifi	cation number
		change	Connet Prairie Museum Inc			20-34026	27	
□ Na	me ch	-	Doing business as					
		n/terminated						
☐ Am	nended	d return	Number and street (or P.O. box if m 13400 Allisonville Road	nail is not delivered to street address) Room/s	suite	E Telephone r	ıumber	
□Ар	plicati	on pending				(317) 776	-6000	
			City or town, state or province, cou Fishers, IN 46038	ntry, and ZIP or foreign postal code				
				1 60	_	G Gross recei		5,805,498
			F Name and address of principal Norman O Burns II	al officer:		s a group retur	n for	
			13400 Allisonville Road			dinates? II subordinates		☐Yes ☑No
			Fishers, IN 46038		includ			☐ Yes ☐No
<u>.</u> ra:	x-exer	mpt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 527		," attach a list	•	•
J W	ebsit	t e:► ww	w.connerprairie.org		H(c) Group	exemption nu	ımber	>
					L Year of form	ation: 2005 M	State	of legal domicile: IN
K Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation L Other >	L fear of form	ation. 2005	State	or legal doffficile. IN
Pa	art I	Sum	mary					
			scribe the organization's mission o	or most significant activities:				
	1			t inspires curiosity and fosters learning l	by providing en	gaging and ind	ividual	ized experiences for
)Ce	-	everyone.						
nai	-							
Ver	-							
ŝ				scontinued its operations or disposed of		of its net ass		27
≈ 5	l		•	ng body (Part VI, line 1a)			3	37
Activities & Governance	l		•	f the governing body (Part VI, line 1b)		•	4	36
<u> </u>	l		• •	llendar year 2019 (Part V, line 2a) .		•	5	455
AC	l		·	cessary)		•	6	437
	l			t VIII, column (C), line 12		ı	7a 7b	449,834
	B	Net unre	lated business taxable income froi	m Form 990-T, line 39		V		-69,580 Current Year
		C t : l t	in and marks (Dest VIII line 4h)		Pri	or Year	_	
Ē	l		cions and grants (Part VIII, line 1h)			8,437,159	+	9,917,768
Rəvenue	l	_	service revenue (Part VIII, line 2g	ines 3, 4, and 7d)		2,614,46	+	2,979,557 5,744
æ	l		enue (Part VIII, column (A), lines	•				2,063,014
	l			ist equal Part VIII, column (A), line 12)		1,898,093		14,966,083
	_		nd similar amounts paid (Part IX, o			1,415,662	+	2,566,542
	l		,	olumn (A), line 4)		1,413,002	+	2,300,342
	l			enefits (Part IX, column (A), lines 5-10)		7,644,190	1	7,957,634
Expenses	l	-	onal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,		7,044,130	+-	0
8	١.		raising expenses (Part IX, column (D),	,			+	
<u>র</u>	l		penses (Part IX, column (A), lines	· - · · - · - · - · - · - · - · - · - ·		3,878,799	9	4,397,485
	l	·	penses. Add lines 13–17 (must equ	,		12,938,65	+	14,921,661
	l	•	, ,	om line 12		11,98	+	44,422
× 0:			Too expenses, subtract mile 10 in	<u> </u>	Beginning	of Current Yea		End of Year
Net Assets or Fund Balances								
Bak	20	Total ass	ets (Part X, line 16)			5,690,243	3	7,018,647
₩ ₩ ₩	21	Total liab	ilities (Part X, line 26)			1,429,18	1	3,197,729
z:	22	Net asset	ts or fund balances. Subtract line	21 from line 20		4,261,062	2	3,820,918
	ırt II		ature Block					
				nined this return, including accompanyin e. Declaration of preparer (other than ofi				
any k				Decidion of proparer (editor than ell				
		1 *****	*		202	0 11 12		
C:		Signat	ure of officer		Dat	e e		
Sign Here		Kylo M	Jongor Vice President & CEO					
			enger Vice President & CFO r print name and title					
		' P	rint/Type preparer's name	Preparer's signature	Date	PTI		
Paid	d				Che		342224	
Pre		er 📴	irm's name ► CROWE LLP			n's EIN ► 35-09	21680	
Use		<u> </u>	irm's address ▶ 225 West Wacker Driv	a Suita 2600		no no /212\ 000	7000	
	-	,			Pho	one no. (312) 899	7-70UU	
			Chicago, IL 60606122					
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			✓ Y	es 🗌 No

Form	990 (2	019)					Page 2
Pa	rt III	Statement of	Program Servic	e Accomplis	hments		
		Check if Schedul	le O contains a respo	onse or note to a	any line in this Part III .		<u> </u>
1	Briefly	describe the orga	anization's mission:				
Conn every		ie is a unique hist	coric place that inspi	res curiosity and	fosters learning by prov	viding engaging and individualize	d experiences for
	Did the	e organization un	dertake any significa	ant program serv	vices during the year wh	ich were not listed on	
		_	90-EZ?		- ,		🗌 Yes 🗹 No
	If "Yes	s," describe these	new services on Sch	hedule O.			
3	Did th	e organization cea	ase conducting, or m	nake significant o	changes in how it condu	cts, any program	
	service	es?					🗌 Yes 🗹 No
	If "Yes	," describe these	changes on Schedu	le O.			
4	Sectio	n 501(c)(3) and 5		ons are required	to report the amount of	argest program services, as mea grants and allocations to others	
	(Code:) (Expenses \$	10,864,336	including grants of \$	2,566,542) (Revenue \$	1,969,433)
	•	ditional Data) (=//p=//=== +			_//- / (\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	_,, ,
4b	(Code:) (Expenses \$	1,396,311	including grants of \$) (Revenue \$	1,668,317)
	See Ad	ditional Data					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services	(Describe in Sched	ule O.)			
	(Expe	nses \$	incl	luding grants of	\$) (Revenue \$)

Form	990 (2019)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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, VIII, VIII, IX, or X as applicable.			
a	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	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>	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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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? <i>If "Yes," complete Schedule G, Part I</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,	4.0		l

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Yes

20b

21

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

0

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and					
	Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ——		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO		
	If the a regarded a refer in 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	740				
	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?	15		No		
-0	If "Yes," complete Form 4720, Schedule O.	16		No		

_

orm	990 (2019)			Page 6
Par	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			
	Established with a second and of the second and the second of the beautiful and the beautiful and the second of th		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			N
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	ı
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶ IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Kyle Wenger 13400 Allisonville Road Fishers, IN 46038 (317) 776-6000			
		F	orm 99	0 (2019)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (B) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any relat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form	990 (2019)													Page 8
Pai	Section A. Officers, Direct	ors, Trustees	, Key l	Empl	oye	es,	and	High	nest Co	mpensate	ed Employees	cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					son	Rep comp fro orga	(D) portable pensation om the nization	(E) Reportable compensatior from related organizations	,	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- IISC)	(W-2/1099- MISC)		organizati relati organiza	ed
See	Additional Data Table											+		
												+		
												+		
												+		
												+		
c 1	otal from continuation sheets to P	art VII, Section	Α.,				•							
a	otal (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos			oove	▶ e) who	rece	eived mo	665,570 ore than \$1		0		137,337
	<u> </u>												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>			ee, ke	ey er •	mplo •	oyee,	or hi	ghest co	mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization								_	ation or ind	ividual for	5	103	No
Se	ction B. Independent Contract	ors												
1	Complete this table for your five high from the organization. Report comper											npens		
		(A) and business addre	ess								(B) ription of services		(C Compen	sation
	t Construction Inc ast St Joseph St									Construction	n general contractor		1,	.295,395
	napolis, IN 46202 man Inc									Construction	n general contractor			963,344
Fort V	x 11848-1848 /ayne, IN 46861													
	net Partners W 11th Avenue									Media Buys				409,256
Portla	nd, OR 97205 Warketing									Marketing c	onsultant			328,902
Suite														
	napolis, IN 46208 ited Play Inc									Capital proj	ect contractor			220,000
Suite	Mid Rivers Mall Dr 220 ers, MO 63304													
2 7	otal number of independent contractor ompensation from the organization		not lim	ited t	o the	ose	listed	abov	ve) who	received m	ore than \$100,00	00 of		
	-												Form 99	0 (2019)

orm 9	90	(2019)								Page 9
Part	VIII									
		Check if Sched	dule	O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns	s	1 a	1	L	revenue		512 - 514
nts ints		b Membership dues	_		1b	389,466				
3ra nou	١,	· c Fundraising even	ts .		1c	<u> </u>				
ls, (d Related organiza			1d	5,028,548				
Giff		e Government grants			1e	125,000				
ıs,		All other contributio				123,000				
er S		and similar amounts above	s not	included	1 f	4,374,754				
혈	g	y Noncash contributio	ns in	icluded in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f:\$			1g	281,686				
<u>ಕ</u>	<u></u> '	h Total. Add lines	1a-1	f		· · · >	9,917,768			
						Business Code	2.500.004	2.500.004		
a .	2a	Admissions & Fees				900099	2,590,091	2,590,091		
Program Service Revenue	b	Membership Dues				900099	389,466	389,466		
.¥e.k						900099				
cel	c									
červi										
<u>ا</u>	d									
ogra	e									
Ĕ							0	0	0	
		All other program								
		Total. Add lines 2				2,979,557	1	T	1	<u> </u>
		Investment income imilar amounts)		· · ·		nterest, and other	3,60:	L		3,601
	4]	Income from invest	mer	nt of tax-exe	mpt bo	ond proceeds				
	5 F	Royalties	·			•	·			
				(i) Rea	aı	(ii) Personal	-			
	6a	Gross rents	6a	1,	041,587	7				
	b	Less: rental expenses	6b							
	С	Rental income								
	_	or (loss)	6 c	<u>'</u>	041,587		0 1,041,587	7	442.542	929,074
	u	Net rental income	OF	(i) Secur	ities	(ii) Other	1,041,307		112,513	929,072
	7a	Gross amount		(I) Secur	ities	(II) Other	-			
		from sales of assets other	7a		184,975	5				
		than inventory					_			
	b	Less: cost or other basis and	7b		182,832	2				
		sales expenses								
		Gain or (loss)	7 c		2,143		<u>o</u>			
		Net gain or (loss)				· · · >	2,143	3		2,143
ne	oa	Gross income from fu (not including \$		of						
e l		contributions reported See Part IV, line 18			8a					
Re	h	Less: direct expen			8b		-			
Other Revenue		Net income or (los			ing ev	ents \blacktriangleright	_			
	_	C	_							
	эa	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	C	Net income or (los	s) fr	om gaming	activiti	ies				
	10-	Gross sales of inve	anto:	ry less						
	106	returns and allowa			10a	1,652,097				
	b	Less: cost of good	s so	ld	10 b	656,583				
	С	Net income or (los			invent		995,514	658,193	337,321	
	11	Miscellaneo aMiscellaneous rev				Business Code 90009		3		25,913
		miscellaneous rev	enu	E		30003	25,513			25,515
	b									
	c									
	d	All other revenue) C	0	(
		Total. Add lines 1				>				
	12	Total revenue. S	ee ir	nstructions			25,913			
						· P	14,966,083	3,637,750	449,834	960,731

Part IX Statement of Functional Expenses				rage 10
Section 501(c)(3) and 501(c)(4) organizations must co		_		mn (A).
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	y line in this Part IX (A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,566,542	expenses 2,566,542	general expenses	expenses
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	477,153	71,573	238,577	167,004
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	6,195,812	5,018,608	681,539	495,665
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	238,767	181,463	38,203	19,101
9 Other employee benefits	577,901	444,984	69,348	63,569
10 Payroll taxes	468,001	366,544	56,712	44,745
11 Fees for services (non-employees):				
a Management				
b Legal	11,219		11,219	
c Accounting	41,453		41,453	
d Lobbying				
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)	1,207,997	1,014,353	177,372	16,272
12 Advertising and promotion	931,788	931,788		
13 Office expenses	876,480	738,286	100,208	37,986
14 Information technology	18,574		18,574	
15 Royalties				
16 Occupancy	438,672	422,072	14,032	2,568
17 Travel	31,695	21,688	5,958	4,049
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	28,370	19,588	7,546	1,236
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,711	205,711		
23 Insurance	238,588	3,483	235,105	
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	106,050	101,800	3,383	867
b Donor Development	70,574	1,567	16,847	52,160
c Professional dues	15,371	1,749	13,377	245
d Taxes, fees & assessments	18,014	17,989	21	4
e All other expenses	156,929	130,859	20,280	5,790
25 Total functional expenses. Add lines 1 through 24e	14,921,661	12,260,647	1,749,754	911,261
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).				Form 990 (2019)

Form 990 (2019)

Fund Balances

٥ 29

Assets 30

27

28

31

32

33

End of year

Page **11**

3.548,058

3,820,918

7,018,647

Form 990 (2019)

272,860

Check if Schedule O	contains a	response	or note to	any line i	n this Part IX	

1	Cash-non-interest-bearing	2,191,875	1	3,526,561
2	Savings and temporary cash investments	192,494	2	195,946
3	Pledges and grants receivable, net	1,225,398	3	2,081,344
4	Accounts receivable not	11 /05		22.248

Beginning of year

3,888,919

372,143

4,261,062

5,690,243

27

28

29

30

31

32

33

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 0 5 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6 Notes and loans receivable, net . . . 7 117.483 Inventories for sale or use . .

Assets 138.022 Prepaid expenses and deferred charges . 80,290 9 69,795 10a Land, buildings, and equipment: cost or other 10a 2.667,510 basis. Complete Part VI of Schedule D

10b 1,704,252 1,160,682 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities . 21.473 12 Investments—other securities. See Part IV, line 11 . 12

963,258 21.473 0 13 13 Investments—program-related. See Part IV, line 11 . 14 14 Intangible assets . 689,053 15 15 Other assets. See Part IV, line 11 . . . 5,690,243 16 7,018,647 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 1,064,139 17 755,634 18 18 Grants payable . 19 365.042 19 665.587 Deferred revenue . . .

20 Tax-exempt bond liabilities . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties .

0 25 1,776,508 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 1.429.181 3.197.729 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Total net assets or fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

Form 990 (2019)

Additional Data

Software ID: 19010655

Software Version: 2019v5.0 **EIN:** 20-3402627

Name: Conner Prairie Museum Inc.

Form 990 (2019)

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 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. SCOULT 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 HEADLESS HORSEMAN, HEARTHSIDE SUPPERS, A MERRY PRAIRIE HOLIDAY, CURIOSITY FAIR AND FESTIVAL

Form 990, Part III, Line 4b:

OF MACHINES.

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

Officer

Χ

Χ

Χ

Χ

Χ

Institutional

Trustee

Key employee

Individual trustee or director

Χ

Χ

Х

Χ

Χ

Χ

Χ

> 0.0 1.0

40.0

0.0 1.0

1.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0

.

Highest compensated employee

Former

2/1099-MISC)

223,753

0

(W- 2/1099-

MISC)

organization and

related

organizations

52,919

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

	for related organizations below dotted line)
Alan H Cohen	1.0
_	
Treasurer	0.0
CHRISTINE ALTMAN	1.0
BOARD VICE CHAIR	0.0

and Independent Contractors

JILL GROSSMAN

Norman O Burns II

RICHARD J THRAPP

President & CEO

BOARD CHAIR

Beth Bechdol

Board Member

Board member

Dave Kinard

David Mills

Board Member

Board member

Brian Timmerman

Clint Hangebrauck Board Member

Secretary

(A) (B) (D) (E) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated 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)

Officer

Institutional

Trustee

Key employee

organization (W-

2/1099-MISC)

Former

Highest compensated employee

organizations

(W- 2/1099-

MISC)

from the

organization and

related

organizations

0

0

0

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

	any hours for related organization below dotted line)
David R Day	1
Board Member	0
Deon Levingston	1
Deon Levingston	
Board member	0
Dick Ristine	1
Board Member	0
Don Orr	1
Board member	0

EX-OFFICIO BOARD MEMBER; PRESIDENT OF THE

Ex-Officio Board Member; Immediate Past Chair

Ed Bukovac

HORIZON COUNCIL

Frederick A Medley

Jane Niederberger

Board Member

Board member

Board Member

Jeff Hagerman

Board Member

Jay B Ricker

Jay B Love

and Independent Contractors

ated ations lotted e)	Individual trustee or director
1.0	Х
0.0	
1.0	
	Х
0.0	
1.0	
0.0	Х
1.0	
	x
0.0	
1.0	
	Х

Χ

Χ

Χ

Χ

0.0

1.0

0.0 1.0

0.0 1.0

0.0 1.0

1.0 1.0

0.0

.

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

organizations

(W- 2/1099-

MISC)

0

0

0

0

0

from the

organization and

related organizations

0

0

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

			organization (W-						
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	
Jenny J Schalliol	1.0	Х						0	
Board Member	0.0	l						Ŭ	
Jessica Bastin	1.0	l							
Board Member	0.0	X						0	
Kathy Bergman	1.0								
EX-OFFICIO BOARD MEMBER; PRESIDENT OF THE ALLIANCE	0.0	Х						0	
Leah McGrath	1.0								Γ

.....

.....

......

......

......

0.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0

0.0

Х

Х

Х

Χ

Х

Χ

and Independent Contractors

Board member

Leonard Hoops

Board Member

Board Member

Marvin Blade

Board Member

Melissa Caito

Board Member

Board Member

Michael J Berry

Board member

Michael C Rechin

Margaret S Dwyer

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

Officer

Institutional

Trustee

Key employee

Individual trustee or director

Χ

Х

Χ

Χ

Χ

Χ

Χ

Χ

Х

Х

1.0

0.0 1.0

0.0 1.0

0.0 1.0

0.0

40.0

0.0

40.0

0.0 40.0

0.0

......

.

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

	any hours for related organizations below dotted line)
Philip V Scarpino PhD	1.0
Board Member	0.0
Randy Wilson	1.0
Board Member	0.0
Reggie Henderson	1.0
Board Member	0.0

and Independent Contractors

Rita D McCluskey

Board Member

Shawn A Smith

Board Member

Steve Hageman

Board Member

William H Bryan

Board Member

Kyle L Wenger

Andrew Bradford

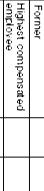
Richard Cooper

Chief Development Officer

Chief Programs Officer

Officer

Vice President and Chief Financial & Operating





0

0

174,136

144,243

123,438

organizations

(W- 2/1099-

MISC)

0

from the

organization and

related

organizations

0

0

0

26,345

33,360

24,713

efil	e GR	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493318128680
SCI	HED	ULE A	Public (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		f the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza e Museum Inc	tion				Employer identific	ation number
		e Museum mc					20-3402627	
	rt I		for Public Charity Statu				See instructions.	
1 1	organiz		a private foundation because	•	•		(A)(:)	
		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
2					,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	i09(a)(1) or se c	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization supents of the supporting organization supporting organizations A a	tion vested in the sar			• • • • • • • • • • • • • • • • • • • •	_
С		Type III f	unctionally integrated. A s organization(s) (see instruction	upporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated. The organization integrated. The organization	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(s).			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9	

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

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

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 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. 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

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

8 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
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
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.
```

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		116 2015	Allount for 2013

details in Part VI). See instructions		(
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

Schedule A	(Form 990 or 990-EZ) 2019	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 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 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	

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

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

Return Reference	Explanation
Schedule A, Part II, Line 17a TEN PERCENT FACTS AND CIRCUMSTANCES TEST 2015 EXPLANATION	dents and school corporations that visit CPM during the school year. Moreover, CPM maintai is 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, ph one solicitations, in person solicitations, letters, and special events. The development o perations also include a research/database manager. This comprehensive fundraising program illustrates that CPM is organized and operated in a manner to attract new and additional public support on a continuous basis, providing additional support of its status as a publicly supported charity. Another important factor for satisfying the public support test is the type of public support received by the organization. Treas. Reg. Sec. 1.170A-9T(f)(3) (iii)(B) provides that support "from governmental units or directly or indirectly from a r epresentative number of personswill 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, where 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 suppo rted by over 290,000 individuals that visit the

Evalanation

990 Schedule A, Supplemental Information

Datum Dafarana

museum every year, further illustrating the public impact of CPM. Of the 290,000 plus individuals that visit CPM annually, approxima tely 53,000 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 eq. 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 special knowled

	·
	ge or expertise in the particular field or discipline in which the organization is operati ng." 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) dir ectors, 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"
Schedule A. Part II. Line 17a TEN	as well as has "demonstrated ability to raise and/or make substantial gifts for the benefit of a non-profit

Explanation

990 Schedule A, Supplemental Information

Return Reference

Schedule A, Part II, Line 17a TEN
PERCENT FACTS AND
CIRCUMSTANCES TEST 2015
EXPLANATION

Schedule A, Part II, Line 17a TEN
Description 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 be nefit 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 - 19945.0, COLUMN B - 14994.0, COLUMN C -Schedule A. Part II. Line 10 Other 12999.0. COLUMN D - 40852.0. COLUMN E - 25913.0. COLUMN F - 114703.0: DESCRIPTION -FUNDRAISING GROSS RECEIPTS, COLUMN A - 15375.0, COLUMN B - 4940.0, COLUMN C - 0.0, COLUMN D -Income

0.0, COLUMN E - 0.0, COLUMN F - 20315.0;

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

As Filed Data -

DLN: 93493318128680

OMB No. 1545-0047

2010

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

, l 2b.	2019			
mation.	Open to Public Inspection			
Employer identification number				

COI	mer Frame Museum Inc				20-34	402627	
Pā	art I Organizations Maintaining Donor Adv				r Acco	ounts.	
	Complete if the organization answered "Y	es" on Form 990, (a) Dono				(b) Funds and other	
1	Total number at end of year	(a) Dono	auvise	ı Turius		(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 advis	ors in writing that th	e acceto	held in donor adv	vised fi	unds are the	
•	organization's property, subject to the organization's e					_	Yes 🗆 No
6	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, o	or for an	y other purpose c			Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "Y	es" on Form 990.	Part IV	. line 7.			
1	Purpose(s) of conservation easements held by the orga						
_	Preservation of land for public use (e.g., recreation	•		• •	historic	cally important land a	area
	Protection of natural habitat	on cadeacion,				I historic structure	., Cu
				reservation of a c	erunea	i mstoric structure	
_	☐ Preservation of open space	ue.					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservat	ion cont	ribution in the for	mota. F	Held at the End of	of the Year
а	Total number of conservation easements				2a	noid at the line t	Tene real
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histor	ric structure included	d in (a) .		2c		
d	Number of conservation easements included in (c) acquestructure listed in the National Register	uired after 7/25/06,	and not	on a historic	2d		
3	Number of conservation easements modified, transferr tax year ▶	ed, released, exting	uished, (or terminated by t	:he orga	anization during the	
4	Number of states where property subject to conservati	ion essement is local	tad 🖢				
					£: . I	<u>-</u>	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold				r violat	tions, ☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of vi	olations	and enforcing co	nservat	tion easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violatio	ns, and	enforcing conserv	ation e	easements during the	e year
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?				'0(h)(4	l)(B)(i)	□ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the org					
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Y				er Sim	nilar Assets.	
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to r public exhibition, e	report ducation	in its revenue sta ı, or research in fı			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:						
	(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, histor following amounts required to be reported under SFAS	rical treasures, or ot	ner simil	ar assets for finar			
а	Revenue included on Form 990, Part VIII, line 1	,	-			. > \$	
b	Assets included in Form 990, Part X					▶ \$	
	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment

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

Sche	dule D	(Form 990) 2019										Pa	ge 2
Par	t IIII	Organizations M	aintaining Collec	ctions o	f Art, Histo	rical T	reası	ıres, or	Othe	r Similar A	ssets (co	ntinued)	
3		the organization's acq (check all that apply):		and other	records, checl	k any of	the fo	llowing t	hat are	a significant	use of its o	ollection	
а	✓	Public exhibition			d		Loan	or excha	ange pr	ograms			
b	✓	Scholarly research			е		Othe	r					
C	✓	Preservation for future	e generations										
4	Provid Part >	de a description of the KIII.	organization's collec	tions and	explain how t	hey furt	her the	e organiz	ation's	exempt purp	ose in		
5		g the year, did the org s to be sold to raise fur									☐ Yes	☑ No	
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Form 99	0, Part	: IV, li	ne 9, or	repo	rted an amo	unt on Fo	rm 990, Pari	 t
1 a		e organization an agent ded on Form 990, Part									☐ Yes	□ No	
b	If "Ye	es," explain the arrange	ement in Part XIII ar	nd comple	ete the followin	a table:		[1		Amount		
c		ining balance				-		ŀ	1c	<u> </u>			
d	-	ions during the year .						ŀ	1d				
е		butions during the year							1e				
f		ig balance						T I	1f				
2a		ne organization include							ccount	liability?	. Yes	 □ No	
b		es," explain the arrange									_	_ 110	
	rt V	Endowment Fun		neck nere	e ii tile explaile	ation na	3 Deen	provided	1 III F G	CAIII			
г с	16.4	Complete if the or		ed "Yes	" on Form 99	0, Part	: IV, li	ne 10.					
		'		(a) Currer		Prior ye		(c) Two y	ears bad	ck (d) Three ye	ears back (e	e) Four years ba	ck
1 a	Beginn	ing of year balance .		104	,231,891	117,46	2,416	10	5,740,5	103	3,474,772	103,142,4	186
b	Contrib	outions		2	,727,320	1,41	5,662		550,2	:36	503,388	6,868,2	281
c	Net inv	estment earnings, gair	ns, and losses	18	,571,709	-7,79	7,915	1	6,341,3	13 7	,541,886	-833,3	324
d	Grants	or scholarships		5	,028,548	5,16	0,964		4,727,4	47 5	,492,182	5,335,6	543
е		expenditures for facilition	es	2	,939,893	1,68	7,308		442,1	.99	287,351	367,0)28
f	Admini	strative expenses .			0		0			0	0		0
g	End of	year balance		117	,562,479	104,23	1,891	11	7,462,4	16 105	5,740,513	103,474,7	⁷ 72
2	Provid	de the estimated perce	ntage of the current	year end	balance (line	1g, colu	ımn (a)) held a	s:				
а	Board	d designated or quasi-e	ndowment ► 93	3.15 %									
b	Perm	anent endowment ►	5.49 %										
С	Temp	orarily restricted endo	wment ► 1.36	%									
	The p	ercentages on lines 2a	, 2b, and 2c should	equal 100)%.								
3a		here endowment funds nization by:	not in the possessio	on of the o	organization th	at are h	eld an	d admini	stered	for the		Yes No	_
	(i) ur	nrelated organizations									3a(_
		elated organizations .									3a(i		_
		s" on 3a(ii), are the re	-				₹? .				. 3b	Yes	_
4		ribe in Part XIII the inte			n's endowmen	t funds.							
Рa	rt VI	Land, Buildings, Complete if the or			" on Form 99	0, Part	: IV, li	ne 11a.	See F	Form 990, Pa	art X, line	10.	
	Descri	ption of property	(a) Cost or other (investment)	basis	(b) Cost or oth					d depreciation		Book value	
1a	Land												
		gs											
			I					I			I		

380,696

582,562

963,258

386,786

1,317,466

767,482

1,900,028

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV li	no 11h	Soo Form 900 D	art V	line 12
	(a) Description of security or category (including name of security)	(b) Book value	ne IIb	(c) Method Cost or end-of-	of va	aluation:
	l derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV. li	ne 11c	. See Form 990. F	Part >	(. line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		Þ			
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, lin	ie 11d.	See Form 990, Pari	t X, lir	ne 15. (b) Book value
(1)	(2)					(1)
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lin	e 11e	or 11f.See Form	990,	
1. (1) Federal	(a) Description of liability income taxes					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		1,776,508
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

Schedule D (Form 990) 2019

Page 4

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655
Software Version: 2019v5.0

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 t hat are relevant to Central Indiana during those time periods. Due to the difficulty in es tablishing a value for Collections, purchases are expensed as purchased. Standard museum p rocedures are used in accessioning, deaccessioning, cataloging and managing objects. The m useum's procedures provide a clean, safe and stable storage environment for its permanent collections. Objects used in the living history programs are given reasonable care towards continuing preservation. There were 48 and 104 deaccessions and 72 and 195 accessions in 2019 and 2018, 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 inclu des 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-cen tury medical procedures and practices. Barker's pottery shop has a historic kick-wheel, ki In, and many more pottery-related treasures. The Conner house and garden feature heirloom gardens and historic artwork. Many more exhibits in this section of the museum contain art work 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 whi ch 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 oon 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			
	THE ENDOWMENT FUNDS HELD BY CONNER PRAIRIE FOUNDATION, INC. (A RELATED ORGANIZATION) ARE t o provide SUPPORT for THE PROGRAMS AND OPERATIONS OF CONNER PRAIRIE MUSEUM, INC.			

Return Reference	Explanation
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 nt organization'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, 2019 and 2018, management has determined that the Museum does not have any tax positions that result in any unce

e next 12 months.

oes not expect the total amount of unrecognized tax benefits to significantly change in th

Supplemental Information

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -				D	LN: 93493318128680
Note: To capture th Schedule I (Form 990) Department of the	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.						OMB No. 1545-0047 2019 Open to Public Inspection
Treasury Internal Revenue Service Name of the organization Conner Prairie Museum I	nc	Go to www	<u>v.irs.gov/Form990</u> for	the latest informatio		Employer identif	ication number
 Does the organization the selection criter Describe in Part IV Part II Grants and 	Information on Grants to maintain records to subsite used to award the grants of the organization's procedur. Other Assistance to Domed more than \$5,000. Part II	stantiate the amount of to or assistance? es for monitoring the use estic Organizations an	e of grant funds in the Un	ited States.			Yes No
(a) Name and addre organization or government	ss of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Conner Prairie Foundat 13400 Allisonville Rd Fishers, IN 46038	20-3402547 ion Inc	501(C)(3)	2,566,542	0	N/A	N/A	Program Support
3 Enter total number	r of section 501(c)(3) and go r of other organizations listed	d in the line 1 table					1 0 chedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(2) (3)

Schedule I (Form 990) 2019

Return Reference Schedule I, Part I, Line 2

grant funds.

Procedures for monitoring use of

(4) (5)

(6) (7)

Conner Prairie Museum, Inc. remits grant funds to Conner Prairie Foundation, Inc. All large grants paid are reviewed by key members of Conner Prairie Museum, Inc.'s board of directors. Conner Prairie Museum, inc. relies on Conner Prairie Foundation, Inc.'s board of directors to monitor the use of the funds and ensure they are used

Part IV

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

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

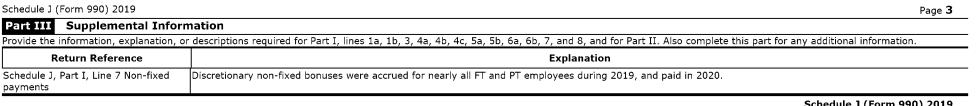
Explanation

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	8128	680		
Sch	nedule J	C	ompensati	ion Information	ОМ	B No.	1545-(0047		
(For	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					2019				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest information	tion. O		o Pul ectio			
Nar	me of the organiza			Er	mployer identificati					
Con	ner Prairie Museum	Inc		20)-3402627					
Pa	rt I Questi	ons Regarding Compensa	ntion	-						
					ŗ		Yes	No		
1a				the following to or for a person listed o y relevant information regarding these i						
	First-class	s or charter travel		Housing allowance or residence for per	rsonal use					
		companions	님	Payments for business use of personal						
		nification and gross-up paymen	_	Health or social club dues or initiation						
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffeu	ir, cnet)					
b				follow a written policy regarding payme ve? If "No," complete Part III to explain		1 b				
2				or allowing expenses incurred by all	1-2	2				
	directors, truste	es, officers, including the CEO/	executive Director	r, regarding the items checked on Line :	lar					
3				d to establish the compensation of the						
				not check any boxes for methods CEO/Executive Director, but explain in F	Part III.					
	, 	-								
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study						
		of other organizations	☑	Approval by the board or compensation	n committee					
4		, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the filing						
а	_	ance payment or change-of-cor	strol navment?			4a		No		
b		· · ·		ified retirement plan?		4b		No		
c	•		•	nsation arrangement?	•	4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part II	I.					
_	, ,,,), 501(c)(4), and 501(c)(29	, ,	must complete lines 5-9. the organization pay or accrue any						
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any						
а	The organization	n?				5a		No		
b	=					5b		No		
	If "Yes," on line	5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any						
а	The organization	n?				6a		No		
b	, ,			$\bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet $		6b		No		
	· ·	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7	Yes			
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desc · · · · · · · · · · · · ·		8		No		
9				presumption procedure described in Re		9				
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 500	53T Schedule J	(Form	990)	2019		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation		other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Norman O Burns II	(i)	208,868	13,595	1,290	17,311	35,608	276,672	0
President & CEO	(ii)	0	0	0	0	0	0	0
2 Kyle L Wenger	(i)	162,450	11,000	686	13,216	13,129	200,481	0
Vice President and Chief Financial & Operating Officer	(ii)	0	0	0	0	0	0	0
3 Andrew Bradford	(i)	144,017	0	226	11,132	22,228	177,603	0
Chief Development Officer	(ii)	0	0	0	0	0	0	0



DLN: 93493318128680 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 16 182,832 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles Χ 26,040 Cost 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (Equipment) 72,814 Cost 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	Ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y 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) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318128680 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on EZ) Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Namel Betherofeamization **Employer identification number** Conner Prairie Museum Inc. 20-3402627 990 Schedule O. Supplemental Information Return **Explanation** Reference Form 990. (CONTINUED FROM PART III, LINE 4A) OUR ON-SITE GENERAL AUDIENCE OF OVER 290,000 ANNUAL VIS Part III, Line ITORS IS DRAWN LARGELY FROM CENTRAL INDIANA. APPROXIMATELY 60% OF ATTENDEES ARE YOUTH WITH 4a HISTORIC THE BALANCE BEING ADULTS AND SENIORS. APPROXIMATELY 53,000 SCHOOL GROUP PARTICIPANTS VISI MUSEUM T THE MUSEUM EACH YEAR AND COME FROM ALMOST EVERY COUNTY IN INDIANA AND NEIGHBORING STATES **EXPERIENCE** : THOSE SCHOOL GROUPS FROM THE GREATER INDIANAPOLIS METROPOLITAN AREA REFLECT THE DIVERSIT Y WITHIN THE SCHOOL DISTRICT(S). AS A GENERAL RULE, THEREFORE, SCHOOL GROUP PARTICIPATION IS FAR MORE CULTURALLY DIVERSE THAN GENERAL ATTENDANCE. FOR THE MIDWEST, CONNER PRAIRIE IS A DESTINATION FOR FAMILIES WITH CHILDREN OF ALL AGES: IT IS A PLACE WHERE THEY CAN SUPPLE MENT OR ENHANCE IN-CLASS LEARNING, PURSUE NEW INTERESTS, AND EXPLORE NATURE, SCIENCE, ART AND HISTORY. IT IS A PLACE WHERE GRANDPARENTS CAN SHARE MEMORIES WITH GRANDCHILDREN, OR TA LK ABOUT HOW BEST TO CARE FOR THE ENVIRONMENT. FOR FAMILIES WITH YOUNG CHILDREN IT IS A MU CH SOUGHT AFTER DESTINATION. FOR SCHOOL TEACHERS, A PLANNED FIELD TRIP TO CONNER PRAIRIE I S ONE THAT UNFOLDS THE RICHNESS OF THE PAST WHILE ENCOURAGING INTEREST BEYOND FACTS, FIGUR ES AND DATES. FOR BUSINESSES, THE BEAUTY, INTEGRITY AND PROGRAMMING AT CONNER PRAIRIE IS A RECRUITING TOOL THAT HELPS SELL RECRUITS ON RELOCATING TO THE AREA, AND IS AN ASSET TO TH OSE ALREADY HERE. THE PRIMARY VISITOR EXPERIENCE CURRENTLY INCLUDES FIVE DISTINCT HISTORY AREAS: 1816 LENAPE INDIAN CAMP, WILLIAM CONNER HOMESTEAD, 1836 PRAIRIETOWN, 1859 BALLOON V OYAGE, AND 1863 CIVIL WAR JOURNEY. ANOTHER OUTDOOR ATTRACTION IS THE TREETOP OUTPOST AND N ATURE WALK, ALLOWING VISITORS A CLOSER LOOK AT OUR NATURAL SETTING. A MODERN WELCOME CENTE R IS ALSO A MAJOR COMPONENT OF THE CONNER PRAIRIE COMPLEX. HERE. YOU WILL FIND AN EXHIBIT SPACE CALLED "CREATE.CONNECT" WHERE INDIANA'S INNOVATIVE SPIRIT IS CELEBRATED. ACROSS FROM THAT, DISCOVERY STATION AND CRAFT CORNER ALLOW KIDS AGES 8 AND YOUNGER A PLACE TO CLIMB, CRAWL, BUILD, EXPLORE, READ AND PRETEND. A PARTIAL LIST OF CONNER PRAIRIE'S SPECIAL PROGRA MMING INCLUDE GLORIOUS FOURTH (CELEBRATING THE NATION'S BIRTH CIRCA 1886), CURIOSITY FAIR (WHOS, HOWS AND WHYS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH), FESTIVAL OF MACHINES (CELEBRATING INDIANA'S RICH HISTORY OF TRANSPORTATION), AND HEARTHSIDE SUPPERS (AN INTIMATE DINING EXPERIENCE WITH THE GUESTS ASSISTING IN 1836 COOKING PRACTICES). ULTIMATELY, THE M USEUM IS NOT JUST A PURVEYOR OF HISTORY, BUT CONTINUALLY STRIVES TO INSPIRE FUTURE GENERAT IONS OF INQUISITIVE STUDENTS OF THE HUMAN EXPERIENCE.

Return Reference	Explanation	
Form 990, Part VI, Line 15b PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY	T VII (VP & CFO, AND DIRECTOR OF HUMAN RESOURCES) IS REVIEWED BY THE PRESIDENT/CEO USING C	
EMPLOYEES	PRESIDENT/CEO, THE FINAL DECISIONS ARE DOCUMENTED AND REVIEWED BY THE EXECUTIVE COMPENSAT ION COMMITTEE. THIS PROCESS TOOK PLACE IN 2019.	

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 s hall appoint the members of each committee. At least two members of each committee shall b e 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 ot 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 every voting member of the governing body before it is filed with the IRS.

Explanation

tential conflicts.

Return

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

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Executive Compensation Committee, consisting of five current or former Board members, conducted a performance evaluation survey of the President/CEO. The entire Board had the o pportunity to rate the President/CEO and offer comments. The Committee analyzed the result s of the survey, researched 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 2019.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	Financial statements, governing documents, and conflict of interest policies are not requi
Part VI, Line	red disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are
19 Required	not available to the public at this time.
documents	
available to	
the public	

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493318128680

Open to Public

Name of the organization							Employer iden	tification number		
Conner Prairie Museum Inc							20-3402627			
Part I Identification of Disregarded Entities. Comp	lete if the	organization answe	ered	"Yes" on Form	990	, Part IV, line 3	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
1) 1859 BALLOON VOYAGE LLC 3400 ALLISONVILLE ROAD ISHERS, IN 46038 17-0660566		1859 BALLOON VOYAG EXHIBIT	GE	IN		201,696	535,124	CONNER PRAIRIE MUSEUM II	VC	
										_
										_
Part II Identification of Related Tax-Exempt Organiz	zations. C	omplete if the orga	niza	ation answered	"Yes	" on Form 990	Part IV line 34	because it had one or	more	
related tax-exempt organizations during the tax y		ompiete il the orge	a111120	acion answered	103	0111 01111 330	, rare iv, mic 3 r	because it flad one of		
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) al domicile (state foreign country)	Exen	(d) npt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	g) n 512(b ontrolled tity?
(1)CONNER PRAIRIE FOUNDATION INC 13400 ALLISONVILLE ROAD		PPORT CONNER VIRIE MUSEUM		IN	501(2)(3)	Type I	CONNER PRAIRIE MUSEUM INC	Yes Yes	No
FISHERS, IN 46038 20-3402547									\perp	
										<u></u>
For Paperwork Reduction Act Notice, see the Instructions for F	form 990.			Cat. No. 5013	5Y			Schedule R (Form 9	990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

(1)Conner Prairie Foundation Inc

(2)Conner Prairie Foundation Inc

(3)Conner Prairie Foundation Inc

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

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.

(b)

Transaction type (a-s)

0

Amount involved

2,566,542

5,028,548

63,000

Book value

Book Value

Allocated Cost

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

No

No

No

No

No

No

No

1k Yes

11

1m

10 Yes

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1n Yes

Yes

Page 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 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	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)	1 b	Yes					
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes					

1 1	uring the tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts 11-17:	- 1		ı
а	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)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
				<u> </u>
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No

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

Part VI 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	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or 'g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
												П	
				_						Schedul	e R (Form	1990)) 2019

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation		