

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

Please contact your FORVIS advisor if you have questions about these rules.

Form 990

Return of Organization Exempt From Income Tax

de (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A 1	or tn	e 2021	calendar year, or tax year beginning	09/01/20	∪∠⊥ and ending			08/	31/2022
Вс	Check if a	pplicable:	C Name of organization			D	Employer ide	ntificati	on number
	Addr		HISTORIC LANDMARKS FOR		INC				
	chan	ge	Doing business as INDIANA LAND				35-1162		
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	le i	Telephone nu	mber	
	-	l return	1201 CENTRAL AVENUE				(317)6	39 – 4	534
	termi	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code					
	Amer retur	n	INDIANAPOLIS, IN 46202	2-2656			Gross receipts		16,649,068.
	Appli pend	cation ing	F Name and address of principal officer:	J. MARSHALL DAVIS	, PRESIDEN	$_{ m IT}$ H(a	Is this a ground subordinates		for Yes X No
			1201 CENTRAL AVENUE, IN	NDIANAPOLIS, IN 4620	2-2656	H(I	Are all subord		uded? Yes No
<u> </u>	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a	a)(1) or 52	7	If "No," at	tach a lis	st. See instructions
J	Webs	ite: 🕨	WWW.INDIANALANDMARKS.O	RG		H(c	Group exem	ption nur	mber >
K	Form	of organ	nization: X Corporation Trust	Association Other	L Year o	f formation:	1960 M	State o	f legal domicile: IN
P	art I	Su	ımmary						
	1	Briefly	y describe the organization's mission o	r most significant activities:IN	DIANA LAND	MARKS I	REVITAL:	IZES	
Se		COI	MMUNITIES, STRENGTHENS (CONNECTIONS TO OUR D	IVERSE HER	ITAGE,	AND		
Governance		SAV	VES MEANINGFUL PLACES.						
Veri	2	Check	this box 🕨 🔙 if the organization d	liscontinued its operations or dis	posed of more that	an 25% of i	its net asset	S.	
တိ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				3	33
Activities &	4		er of independent voting members of t					4	32
ij	5	Total ı	number of individuals employed in cale	endar year 2021 (Part V, line 2a)				5	44
ξ	6		number of volunteers (estimate if neces					6	110
¥	7a		unrelated business revenue from Part V					7a	-361,632.
	1		nrelated business taxable income from					7b	NONE
							rior Year		Current Year
a)	8	Contri	ibutions and grants (Part VIII, line 1h)			8	3,338,07	72.	7,688,447.
Revenue	9		am service revenue (Part VIII, line 2g)		194,26	50.	396,928.		
eve	10		tment income (Part VIII, column (A), line	2	2,247,23		3,492,414.		
ď	11		revenue (Part VIII, column (A), lines 5,		322,58		301,767.		
	12		revenue - add lines 8 through 11 (must			11	,102,15		11,879,556.
	13		s and similar amounts paid (Part IX, colu				271,70		290,613.
	14		its paid to or for members (Part IX, colu					ONE	NONE
"	4.5		es, other compensation, employee bene				2,878,05	_	3,022,693.
Expenses	16 a		ssional fundraising fees (Part IX, column					ONE	NONE
ber	b		fundraising expenses (Part IX, column (110111
ш	17		expenses (Part IX, column (A), lines 11			2	2,767,61	7	3,418,017.
	18		expenses. Add lines 13-17 (must equal				5,917,37		6,731,323.
	19		nue less expenses. Subtract line 18 fron				5,184,78		5,148,233.
o es	_	110101	Table 1000 experience. Cabilder into 10 ffc.				of Current		End of Year
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)				118,39	_	92,679,775.
Ass Bal	21		liabilities (Part X, line 26)				2,074,31		859,538.
E e	22		ssets or fund balances. Subtract line 21				2,044,07		91,820,237.
	rt II		gnature Block	1 110111 11110 20		102	1,011,07	۷٠	71,020,237.
			of perjury, I declare that I have examined th	is return, including accompanying s	chedules and stater	ments, and t	to the best of	mv kn	owledge and belief, it is
tru	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on all information o	f which preparer ha	as any knowl	edge.		
							07/	17/2	0.23
Sig	jn	Ī	Signature of officer				Date	_ , , _	025
He	re	. .	J. MARSHALL DAVIS		PRESIDENT				
		_	Type or print name and title		TRESIDENT				_
			Type preparer's name	Preparer's signature	Date		Check	if PT	TIN
Paid	t		OLE B FISHBACK	Maile B. S. J. L.	07/17	//2023	self-employ	"	01279475
	parer		sname > FORVIS, LLP	THOM P. TISHDACK	07/17		m's EIN		-0160260
Use	Only		s address > 201 N. ILLINOIS		, IN 46204		one no.		7-383-4000
Ma ^s	v the		iscuss this return with the prepare						X Yes No
_			Reduction Act Notice, see the separat		,,,,,,,,,				Form 990 (2021)
	. apc		moderation not receive, acc the acparat						1 OIIII J J J (2021)

Page 2 Form 990 (2021)

Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	x
1	•	escribe the organization's mission:	2
	<u> </u>	THE DOLLE O	
_	Did the		
2	prior For	organization undertake any significant program services during the year which were not listed or 990 or 990-EZ?	Yes X No
3	Did the	organization cease conducting, or make significant changes in how it conducts, any pr?	
4	Describe expenses	describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants expenses, and revenue, if any, for each program service reported.	
4a	(Code: _) (Expenses \$3,000,596. including grants of \$290,613.) (Revenue \$	133,322.
	_INDIA	ANA LANDMARKS' PRIMARY MISSION IS THE EDUCATION AND ADVOCATION	
	OF PR	RESERVATION OF HISTORIC SITES IN THE STATE OF INDIANA. THIS IS	
		ED OUT THROUGH REGIONAL OFFICES LOCATED THROUGHOUT THE STATE.	
		SE OFFICES WORK WITH LOCAL COMMUNITIES TO ESTABLISH AND	
		JRE LOCAL PRESERVATION INITIATIVES. THE ORGANIZATION PROVIDES	
		RTISE IN RESTORATION TECHNIQUES, REAL ESTATE AND ECONOMIC	
		LOPMENT, ORGANIZATIONAL AND LEADERSHIP DEVELOPMENT,	
		RAISING AND ZONING. THE ORGANIZATION ENDEAVORS TO PROMOTE A	
		ERVATION ETHIC BY PARTNERING WITH AND ENGAGING CITIZENS AT THE L LEVEL, EMPOWERING THEM TO PROTECT AND PRESERVE THEIR	
		TAGE AND THE FUTURE OF THEIR COMMUNITIES.	
		AGE AND THE POTOKE OF THEIR COMMONITIES.	
40	(Code: _ SEE SC) (Expenses \$1,401,301. including grants of \$) (Revenue \$))
4c	_) (Expenses \$527,501. including grants of \$) (Revenue \$)	274,939.
	-		
	-		
4d	Other pr	rogram services (Describe on Schedule O.) SEE SCHEDULE O es \$ 425,643. including grants of \$) (Revenue \$)	
4e	<u> </u>	ogram service expenses ► 5,355,041.	

Form **990** (2021)

Part IV Checklist of Required Schedules Page 3

an	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	v	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11c		v
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	X	
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		37
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ
. 5	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021) Page 4

Part	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		X
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? If "Yes," complete Schedule J	23	Х	
24 a	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		v
				X
	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		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		00		3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20			37	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
36		20		3.5
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		
	-1 (G) (G			

JSA 1E1030 1.000

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b		2b	Х	
~				
3a		3a	Х	
		3b	Х	
		4a		Х
b				
	· · · · · · · · · · · · · · · · · · ·			
5a		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а				
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С				
		7c		X
		_		
		7e		X
f				X
g				
_		/ 11		
8		8		
9				
		9a		
		9b		
	·			
а	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.)			
12 a	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.			
а		13a		
	· · · · · · · · · · · · · · · · · · ·			
b	, , , , , , , , , , , , , , , , , , , ,			
	The organization of the property of the proper			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a			7-
				X
		14b		
15		4 =		7.7
		15		X
4 C		16		Х
16		10		Λ
17				
17		17		

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 33			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ_	
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? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_)	21
<u> </u>	on 211 chaice (This cooling Programs and manual about pointing metrograms as y and metrogram to voltage		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sect	ion 5	01(c)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est p	olicy,
	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 record MADONNA WAGNER 1201 CENTRAL AVENUE INDIANAPOLIS, IN 46202-2656	s >		

317-639-4534

Form **990** (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and 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 organizations. See the 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 for	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trust emp	an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	xer	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC)	related organizations
(1) J. MARSHALL DAVIS	50.00									
PRESIDENT	1.00	X		х				203,421.	NONE	30,498.
(2) MARY BURGER (END 5/13/22)	50.00									33,223
SENIOR VICE PRESIDENT AND CFO	1.00	1		Х				122,297.	NONE	18,797.
(3) MARK DOLLASE	50.00									
VP OF PRESERVATION SERVICES	NONE					Х		115,329.	NONE	18,962.
(4) TRACY HADDAD	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) ELLEN SWISHER CRABB	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) JENNIFER BASKERVILLE-BURROWS	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) SHELBY MORAVEC	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) CHERI DICK	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) RANDALL SHEPARD	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) ROBERT SANTA	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) MARTIN RAHE	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) SARA EDGERTON	0.50									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(13) DAVID RESNICK	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) DAVID HAIST	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2021)

Form 990 (2021)

Page 8

Name and title	Part VII Section A. Officers, Directors, Tru		y ⊑n	ibio			and H	ugi			ontinue		
Continue for wheek (title is not been more than one of the compensation from the organizations wheek (title is not store than one of the compensation from the organization of the compensation from the organization (multiple) and of the compensation from the organization of individual is provided in the compensation from the organization of the compensation from the organization and related organization of individual is provided and the compensation from the organization and related organization of accordance or accorde compensation from any unrelated organization or individual is provided and compensation from the organization and related organization of accordance or accorde compensation from any unrelated organization or individual is provided and compensation from the organization of accordance or accorde compensation from any unrelated organization or individual is provided and compensation		(B)			(0	C)			1	(E)		(F)	
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The complete state The co			,										
Second Composition Composi						irect							on
Section Sect			Indi or d	Inst	Offi	Fey	High	Forr					_
15 SARAH EVANS BARKER		1 -	vidu	itutio	cer	emp	nest	ner	(W-2/1099-MISC)		_		
15 SARAH EVANS BARKER			lor tr	nal		oloye	com						
15 SARAH EVANS BARKER			ste	trus		ď	pen						
15 SARAH EVANS BARKER			Φ	tee			sate						
DIRECTOR	15) SARAH FWANS BARKER	0.25					۵						
16 EMILY HARRISON		+	x						NONE	NONE		1	NONE
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO		+	21						NONE	NONE			.10111
17 MELISSA GLAZE		+	v						NONE	NONE		1	NONE
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO		+	1 21						IVOINE	110111			
18) OLON DOTSON DIRECTOR NONE NO		+	x						NONE	NONE		1	NONE
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO		+	21						IVOIVE	IVOIVE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19) SARAH LECHLEITER		+	x						NONE	NONE		1	VONE.
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO		+							110112	110112			
20 HILARY BARNES 0.50		+	x						NONE	NONE		1	NONE
SECRETARY NONE X X NONE NONE NONE		+							-	-			
21) BRUCE BUCHANAN 0.25 NONE X NONE NONE NONE		+	X		Х				NONE	NONE		1	NONE
DIRECTOR NONE X NONE NONE NONE NONE NONE 22 JAMES RENNE 0.25 JAMES RENNE 0.25 NONE X NONE NONE NONE NONE NONE NONE NO	21) BRUCE BUCHANAN	0.25											
DIRECTOR NONE X NONE NONE NONE 23) PARKER BEAUCHAMP 0.50 PAST CHAIR NONE X X NONE NONE NONE N	DIRECTOR	+	Х						NONE	NONE		1	NONE
23) PARKER BEAUCHAMP PAST CHAIR NONE X X NONE NONE 10 SALLIE ROWLAND DIRECTOR NONE X NONE NONE DIRECTOR NONE X NONE NONE NONE NONE DIRECTOR NONE NONE NONE NONE NONE Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	22) JAMES RENNE	0.25											
PAST CHAIR NONE X X NONE NONE NONE NONE 24) SALLIE ROWLAND 0.25 DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO	DIRECTOR	NONE	Х						NONE	NONE		1	NONE
24) SALLIE ROWLAND DIRECTOR NONE NONE DIRECTOR NONE DIRECTOR NONE NONE NONE NONE DIRECTOR NONE	23) PARKER BEAUCHAMP	0.50											
DIRECTOR NONE X NONE NONE NONE NONE NONE Sub-total	PAST CHAIR	NONE	Х		Х				NONE	NONE		1	NONE
DIRECTOR DIRECTOR NONE MONE MON	24) SALLIE ROWLAND	0.25											
DIRECTOR NONE X NONE NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). ► 441,047. NONE NONE Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	DIRECTOR	NONE	X						NONE	NONE		1	NONE
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Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	, ,		hose	liste	d al	bove	•	re	ceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organizatio	n ▶					3						
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes	No
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 													
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individual													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual													
											4		
										on or individual	5		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2021)

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	oye	es,	and F	ligi	hest Compensat	ed Employees (d	continu	ied)	
(A) Name and title	(B) Average hours per	(do i	not c	Pos	C) sition more	e than o	ne	(D) Reportable compensation	(E) Reportable compensation from	1	(F) Estimated mount o	
	week (list any hours for related organizations below dotted line)	box,	unle	ss pe	erson	both struct Highest compensated employee	an	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cor f or ar	other mpensati from the ganization ganization	ion on d
26) DORIS ANN SADLER VICE CHAIR	0.50 NONE	X		Х				NONE	NONE			NTONTI
27) MIKE CORBETT	0.50	_ A		Λ.				NONE	NONE			NON
DIRECTOR	NONE	Х						NONE	NONE			NON
28) PETER SACOPULOS	0.25											
DIRECTOR	NONE	X						NONE	NONE			NON
29) BRETT MCKAMEY	0.50											
TREASURER	NONE	X		X				NONE	NONE			NON
30) RAY ONTKO	0.25	- ,,						NONE	NONE			370371
DIRECTOR 21) CHARLETTA MINISTON	0.25	X						NONE	NONE			NON
31) CHARLITTA WINSTON DIRECTOR	NONE	X						NONE	NONE			NON
32) BEAU ZOELLER	0.25	Λ						NONE	INOINE			110111
DIRECTOR	NONE	X						NONE	NONE			NONI
33) A'LELIA BUNDLES	0.25											
DIRECTOR	NONE	Х						NONE	NONE			NON
34) GREG FEHRIBACH	0.25											
DIRECTOR	NONE	Х						NONE	NONE			NON
35) KURT TOLER	0.25											
DIRECTOR	NONE	X						NONE	NONE			NON
36) THOMAS ENGLE	0.50											
ASSISTANT SECRETARY	NONE			X				NONE	NONE			NON
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to t	· · ·			bove	e) who	> re	ceived more than	\$100,000 of			
reportable compensation from the organizat	iou >											
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4		
5 Did any person listed on line 1a receive of for services rendered to the organization? <i>If</i> Section B. Independent Contractors	or accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5		
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1 Complete this table for your five highest co	ınıpensated I	пиере	enae	JIIt	con	แลตเอ	เรโ	nat received more	; man \$100,000 C	ונ		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2021) Page **8**

Name and title Co Co Preprint for Control tests and the property of th	Part VI Section A. Officers, Directors, True	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employe	ees (continued)				
No. Section Sub-total	(A)	(B)			(0	C)			(D)	(E)			(F)		
Description	Name and title	1	1 '		reck	more						amo	ount of		
updated the latest and special policy of the latest and special p															
37) MADONNA NACNER (BEG 3/28/22) 50.00			9 5											1	
37) MADONNA NACNER (BEG 3/28/22) 50.00			divi	stit	fice	y e	ghe) me		(**-2/1099-1	1130)				
37) MADONNA NACNER (BEG 3/28/22) 50.00			dual	l tior	~	mpl	st c	4	(11 2, 1000 111100)						
37) MADONNA NACNER (BEG 3/28/22) 50.00		line)	T T)al t		oyee	m omp					organ	nizations	i	
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37) MADONNA NACINER (BEG 3/28/22) 50.00 NONE X NONE NONE NONE NONE NONE NONE NO				96			atec					İ			
VICE PRESIDENT & CFO NONE X NONE NONE NONE NONE NONE NONE N	27) MADONINA WACNED (DEC 2/29/22)	50 00					<u> </u>								
1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1 Total (add lines the and tc) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization because in the argument of the production of the compensation from the organization is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Socious Person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Socious B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year. (A) Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who received		+	1		v				NONE	,	NT () NT E	İ	īNī	ONTI	
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual individual in and related organization? If "Yes," complete Schedule J for such person isted on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person is section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received			-									İ			
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Part VIII Statement of Revenue

(A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns Membership dues 140,815 c Fundraising events 1c 440,029. d Related organizations 437,833. Government grants (contributions) . . 1e All other contributions, gifts, grants, 6,669,770. and similar amounts not included above ... 1f g Noncash contributions included in 308,844 lines 1a-1f 1g |\$ Total. Add lines 1a-1f 7,688,447 **Business Code** Program Service Revenue 2a TOUR INCOME 713990 183,541 183,541 611710 80,065. 80,065 CONSULTING INCOME TICKET SALES 713990 51,462. 51,462 900099 81,860. OTHER 81,860. d е All other program service revenue 396,928. Investment income (including dividends, interest, and 1,476,758 1,476,758 NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 198,278 6a Gross rents 6a **b** Less: rental expenses 6b 198,278. Rental income or (loss) 6c NONE d Net rental income or (loss) . . 198,278 NONE 5,094. 193,184. Gross amount from (i) Securities (ii) Other sales of assets 4,271,493. 2,395,854. other than inventory 7a b Less: cost or other basis Other Revenue 7b 1,423,273 3,228,418 and sales expenses . . 2,848,220. -832,564 c Gain or (loss) 7c -373,682. 2,015,656. -458,882. 2,848,220. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 8a 1c). See Part IV, line 18 NONE 8b **b** Less: direct expenses NONE c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NON 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a 220,370 returns and allowances 117,821 b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 102,549 11,333. 91,216. **Business Code** Miscellaneous Revenue 11a ADVERTISING 541800 940 b d All other revenue 940 Total. Add lines 11a-11d Total revenue. See instructions 11,879,556. 34,579. -361,632. 4,518,162. 12

35-1162873

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)		
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses		
	Grants and other assistance to domestic organizations		ехрензез	general expenses	ехрепзез		
	and domestic governments. See Part IV, line 21	290,613.	290,613.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE					
3	Grants and other assistance to foreign organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	NONE					
4	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors, trustees, and key employees	375,014.	93,568.	211,270.	70,176.		
6	Compensation not included above to disqualified	·		·	· ·		
Ŭ	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	NONE					
7	Other salaries and wages	2,041,068.	1,705,131.	225,479.	110,458.		
8	Pension plan accruals and contributions (include	108,373.	90,961.	10,700.	6,712.		
0	section 401(k) and 403(b) employer contributions)	1007373.	307301.	207700.	0,712.		
9	Other employee benefits	332,726.	218,110.	80,558.	34,058.		
10	Payroll taxes	165,512.	122,381.	31,304.	11,827.		
11	Fees for services (nonemployees):						
	Management	NONE					
	Legal	84,608.	84,608.				
	Accounting	70,344.	·	70,344.			
	Lobbying	24,115.	24,115.	·			
	Professional fundraising services. See Part IV, line 17	NONE					
	Investment management fees	227,050.		227,050.			
	Other. (If line 11g amount exceeds 10% of line 25, column	·		·			
9	(A), amount, list line 11g expenses on Schedule O.)	214,005.	149,910.	25,459.	38,636.		
12	Advertising and promotion	78,667.	67,517.	843.	10,307.		
13	Office expenses	75,397.	34,107.	34,036.	7,254.		
14	Information technology	16,452.	14,027.	1,712.	713.		
15	Royalties	NONE	,	,			
16	Occupancy	209,106.	204,659.	4,447.			
17	Travel	139,305.	110,012.	12,405.	16,888.		
	Payments of travel or entertainment expenses	·		·	· ·		
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	9,803.	9,661.	142.			
20	Interest	30,498.		30,498.			
21	Payments to affiliates	NONE					
22	Depreciation, depletion, and amortization	682,477.	644,557.	37,920.			
23	Insurance	203,285.	163,101.	40,184.			
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	REPAIRS & MAINTENANCE	1,248,302.	1,236,330.	8,017.	3,955.		
b	TOURS & EXHIBITS	15,662.	15,662.				
С	SALES TAX	19,561.	19,561.				
d	DUES & SUBSCRIPTIONS	21,112.	8,182.	12,930.			
	All other expenses	48,268.	48,268.				
	Total functional expenses. Add lines 1 through 24e	6,731,323.	5,355,041.	1,065,298.	310,984.		
	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 X if following SOP 98-2 (ASC 958-720)				·		
	10.10 ming 001 00 2 (noo 000-120)				- 000 (assa)		

Form 990 (2021)

Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	1,117,613.	2	3,971,316.
	3	Pledges and grants receivable, net	544,798.	3	349,967.
	4	Accounts receivable, net	86,669.	4	133,632.
	5	Loans and other receivables from 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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	544,294.	7	705,495.
Assets	8	Inventories for sale or use	69,502.	8	73,886.
As	9	Prepaid expenses and deferred charges	NONE		2,759.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,610,649.			
	h	Less: accumulated depreciation		100	14,877,502.
	11	Investments - publicly traded securities	76,913,177.	11	65,073,486.
	12	Investments - other securities. See Part IV, line 11	3,626,867.	12	3,711,371.
	13	Investments - program-related. See Part IV, line 11.	4,752,455.	13	3,494,629.
	14	Intangible assets	NONE		3,494,029. NONE
	15	Other assets. See Part IV, line 11	301,653.	15	285,732.
	16		104,118,390.	16	
		Total assets. Add lines 1 through 15 (must equal line 33)			92,679,775.
	17	Accounts payable and accrued expenses	565,306.	17	709,515.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	157,856.	19	150,023.
	20	Tax-exempt bond liabilities	NONE		NONE
"	21 22	Loans and other payables to any current or former officer, director,	NONE	21	NONE
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
ij			NONE	00	NONE
Lia	00	controlled entity or family member of any of these persons	NONE		NONE
	23	Secured mortgages and notes payable to unrelated third parties	1,351,156.	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	NONE		NONE
	26	Total liabilities. Add lines 17 through 25	2,074,318.	26	859,538.
es		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	24 254 005	27	20 700 706
Bal	27 28	Net assets with donor restrictions.	34,354,985.	27	30,709,706.
힏	20		67,689,087.	28	61,110,531.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	102,044,072.	32	91,820,237.
Z	33	Total liabilities and net assets/fund balances	104,118,390.	33	92,679,775.
					Form 990 (2021)

Form **990** (2021)

Page **12** Form 990 (2021)

Part						
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,8	379,	<u>556</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 323</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5,1	.48,	<u>233</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				072
5	Net unrealized gains (losses) on investments	5	-1	5,3	<u>54,</u>	<u> 321</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>-17,</u>	<u>747</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	9	1,8	320,	<u>237</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					\perp
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC 35-1162873 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

Page 2 Schedule A (Form 990) 2021 Part Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke Part III. If the organization fail	d the box on I	ine 5, 7, or 8 d	of Part I or if th	e organizatio	n failed to qual	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,708,575.	2,817,903.	2,097,189.	3,338,072.	7,688,447.	17,650,186.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,708,575.	2,817,903.	2,097,189.	3,338,072.	7,688,447.	17,650,186.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						5,859,776.
6	Public support. Subtract line 5 from line 4						11,790,410.
_	tion B. Total Support						11,750,410.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,708,575.	2,817,903.	2,097,189.	3,338,072.	7,688,447.	17,650,186.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,416,129.	1,555,243.	1,434,200.	1,304,806.	1,675,036.	7,385,414.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						25,035,600.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	7,289,641.
13	First 5 years. If the Form 990 is for						
	organization, check this box and stop here						<u> ▶ </u>
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		•				47.09 %
15	Public support percentage from 2020						56.00 %
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization quality to the stop here.			-			
b	331/3% support test - 2020. If the organization						
170	this box and stop here. The organization	-		=			
1 / a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets						-
	organization			_	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets						-
	organization			-	=	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.		, ,	. ,	, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	•						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first socon	d third fourth	or fifth tax 10	l ar as a soction	501(c)(2)
14	organization, check this box and stop here .	-			•		· · · · · ·
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
154	17 is not more than 331/3%, check this	-					. \square
L	331/3% support tests - 2020. If the orga		_				
b	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•		• • •	
			- 20% JII IIIIO	,	,	500 1110111	

JSA 1E1221 1.000 Schedule A (Form 990) 2021 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.**
- 10 a 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," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990) 2021 Page **5**

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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 supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
-	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	•	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 on line 2, above, 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		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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.	22		
		2a		
b	Did the activities described on line 2a, above, 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. <i>Answer lines 3a and 3b below.</i>			
э 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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	•		•
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		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		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				

Schedule A (Form 990) 2021

and 4c.

Breakdown of line 7: Excess from 2017 Excess from 2018 c Excess from 2019 d Excess from 2020 Excess from 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC 35-1162873 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization
HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number 35-1162873

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$5,009,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$319,751.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$153,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$\$440,029.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$220,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

35-1162873

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6_	RESIDENTIAL REAL ESTATE NON-RESIDENTIAL REAL ESTATE		
		\$220,000.	08/02/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Page **4**

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC 35-1162873 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(See separate instructions), the		/ Tax) (See separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		<u> </u>	
	e of organization			Employer ide	ntification number
	STORIC LANDMARKS FOUR	NDATION OF INDIANA, INC			162873
Pai		organization is exempt under			
1	•	ne organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	•			
2		xpenditures. See instructions			
		campaign activities. See instruction	ons		
Par	<u>-</u>	organization is exempt under	. , , , ,		
1		cise tax incurred by the organization			
2		cise tax incurred by organization n			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				,
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		xpended by the filing organization			
2		g organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. Er			
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification nums. For each organization listed, exibutions received that were prond or a political action committee	ber (EIN) of all section nter the amount paid nptly and directly de	on 527 political organiza d from the filing organiza elivered to a separate po	ations to which the filing cation's funds. Also enter plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(<i>2</i>)					
(3)			_		
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sch	nedule C (Form 990) 2021 H	ISTOR:	IC LANDM	ARKS FOUNDATIO	ON OF INDIAN	NA, INC 35	-1162873 Page 2	_
P	art II-A Complete if the organized section 501(h)).	anizatio	on is exen	npt under section	501(c)(3) and	filed Form 5768 (elec	ction under	
A				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,	
В	Check ▶ if the filing organization	ation che	ecked box A	and "limited contro	l" provisions app	ly.		
	Limits o (The term "expenditu		ying Expend ans amour)	(a) Filing organization's totals	(b) Affiliated group totals	
18	a Total lobbying expenditures to in	fluence	public opini	on (grassroots lobb	ying)			
	 Total lobbying expenditures to in 		_					_
	Total lobbying expenditures (add		-					_
	d Other exempt purpose expenditu							-
	Total exempt purpose expenditu	-		•	_			-
f	Lobbying nontaxable amount. E	Enter the	e amount f	rom the following	table in both			
	columns.							
	If the amount on line 1e, column (a)	or (b) is:		•	is:			
	Not over \$500,000	000		amount on line 1e.	#500.000			
	Over \$500,000 but not over \$1,000,			us 15% of the excess				
	Over \$1,000,000 but not over \$1,50			us 10% of the excess				
	Over \$1,500,000 but not over \$17,0 Over \$17,000,000	00,000		us 5% of the excess o	ver \$1,500,000.			
_	g Grassroots nontaxable amount (antar 25	\$1,000,000. % of line 1f)					
	Subtract line 1g from line 1a. If z				_			-
	Subtract line 1f from line 1c. If z							-
	If there is an amount other that					tion file Form 4720		-
•	reporting section 4911 tax for th				•		Yes No	
	-1			aging Period Under				
	(Some organizations that	made a	section 50	1(h) election do no	t have to comple	ete all of the five colum	ıns below.	
		See	the separat	e instructions for li	ines 2a through	2f.)		
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod		
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
28	a Lobbying nontaxable amount							
k	Lobbying ceiling amount (150% of line 2a, column (e))							
(Total lobbying expenditures							
(d Grassroots nontaxable amount							
-	Grassroots ceiling amount (150% of line 2d, column (e))							
				İ	I .	1	1	

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

	(election under section 501(h)).						
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amour	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f g	Grants to other organizations for lobbying purposes?	Х				24,1	L15.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					24,1	L15.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(a)/E)					
га	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(0)(0)	, or s	ection			
					•	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501		-		! 0	•-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (I	o) Pai	rt III-A, I	ine 3,	IS	
				1			
1	Dues, assessments and similar amounts from members						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	ınıs	OI				
а	Current year		'	2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
_	and political expenditure next year?			5			
5 Da	Taxable amount of lobbying and political expenditures. See instructions Taxable amount of lobbying and political expenditures. See instructions			3			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aroi	ın list	r). Part II	-A line	29 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a gio	ар по	.,, . a	, t, III t		ana
,							

Schedule C (Form 990) 2021

FORM 990, SCHEDULE C, PART II-B, LINE 1G

CONTACT WITH LEGISLATORS, STAFFS, GOV'T OFFICIALS, OR LEGISLATIVE BODY:
LOBBYING EFFORTS WERE FOCUSED ON THE INDIANA TAX CODE AND THE EXPANSION
OF THE HISTORIC TAX CREDIT.

SCHEDULE D (Form 990)

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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

2b.	
	Open to Public
ition.	Inspection
Employer identificati	on number

нтя	TORIC LANDMARKS FOUNDATION OF INDIANA, INC	35-1162873
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds of	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	To decembed the d
5	Did the organization inform all donors and donor advisors in writing that the assets held	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of a literary allocation and a standard and
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	110
a	Total number of conservation easements	2a 149
b	Total acreage restricted by conservation easements	2b 495.00
С	Number of conservation easements on a certified historic structure included in (a)	2c 149
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d 8
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
_	tax year	1
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	-
^	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 444.00	conservation easements during the year
7	·	concernation accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of the second	conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(P)(i)
0		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue an	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	·
	organization's accounting for conservation easements.	statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under FASR ASC 958, not to report in its revenu	ie statement and halance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
_	service, provide in Part XIII the text of the footnote to its financial statements that describes t	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sort, historical transuration or other similar assets held for public exhibition, education, or record	
	art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furtherance of public service,
	(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, historical treasures, or other similar	assets for financial gain provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	access for imalicial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	• \$
		<u> </u>

Schedule D (Form 990) 2021

Sche		FORIC LANDMARK				L16287	
Pa	rt III Organizations Maintainii	<u> </u>			<u>'</u>		
3	Using the organization's acquisitio	n, accession, and c	ther records, chec	k any of the follo	wing that make sign	nificant	use of its
	collection items (check all that apply	y):					
а	Public exhibition		d Loan	or exchange progr	am		
b	Scholarly research		e Other				
С	Preservation for future gener	ations					
4	Provide a description of the organ	ization's collections	and explain how	they further the o	organization's exemp	t purpo	se in Part
	XIII.						
5	During the year, did the organizatio	n solicit or receive d	lonations of art, hist	orical treasures, o	r other similar		
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the	organization's coll	ection?	Yes	No No
Pa	rt IV Escrow and Custodial A	rangements.					
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line 9, or	reported an amou	nt on F	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trust	ee, custodian or ot	ther intermediary fo	or contributions o	or other assets not _		
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following tal	ble:			
					Amount	İ	
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an ame	ount on Form 990, F	Part X, line 21, for ϵ	escrow or custodia	al account liability?	Yes	No
	If IIV and I some late the commence and a con-	Dant VIII Ohaalaha		hac been provide	d on Dort VIII		
b	If "Yes," explain the arrangement in	Part XIII. Check ne	ere ir the explanation	Thas been provide	J OH Part Alli		· •
	rt V Endowment Funds.				d on Part XIII		• •
			s" on Form 990, F	Part IV, line 10.	don Fait Aiii		
	rt V Endowment Funds.				(d) Three years back		r years back
Pa	rt V Endowment Funds.	tion answered "Ye	s" on Form 990, F	Part IV, line 10.		(e) Fou	
Ра 1а	Complete if the organiza	tion answered "Ye	es" on Form 990, i	Part IV, line 10.	(d) Three years back	(e) Fou	r years back
Pa 1a b	Complete if the organiza	tion answered "Ye (a) Current year 72,952,977.	es" on Form 990, F (b) Prior year 57,190,149.	Part IV, line 10. (c) Two years back 52,217,457.	(d) Three years back 53,115,573.	(e) Fou	r years back .782,197.
Pa 1a b	Endowment Funds. Complete if the organiza Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977.	es" on Form 990, F (b) Prior year 57,190,149.	Part IV, line 10. (c) Two years back 52,217,457.	(d) Three years back 53,115,573.	(e) Fou	r years back .782,197.
Pa 1a b c	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610.	(b) Prior year 57,190,149. 5,536,477.	Part IV, line 10. (c) Two years back 52,217,457. 207,922.	(d) Three years back 53,115,573. 271,443.	(e) Fou	r years back 782,197. 72,325.
1a b c	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610.	(b) Prior year 57,190,149. 5,536,477.	Part IV, line 10. (c) Two years back 52,217,457. 207,922.	(d) Three years back 53,115,573. 271,443.	(e) Fou	r years back 782,197. 72,325.
1a b c	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610.	(b) Prior year 57,190,149. 5,536,477.	Part IV, line 10. (c) Two years back 52,217,457. 207,922.	(d) Three years back 53,115,573. 271,443.	(e) Fou 51,	r years back 782,197. 72,325.
1a b c	Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977. 4,402,6109,910,603.	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329.	(d) Three years back 53,115,573. 271,443.	(e) Fou 51,	r years back .782,197. .72,325. .065,749.
Pa 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	tion answered "Ye (a) Current year 72,952,977. 4,402,6109,910,603.	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329.	(d) Three years back 53,115,573. 271,443. 1,796,924.	(e) Fou 51,	r years back .782,197. .72,325. .065,749.
Pa 1a b c d e	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,6109,910,603. 3,397,338. 227,050. 63,820,596. of the current year	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149.	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457.	(e) Fou 51,	r years back 782,197. 72,325. 065,749. 682,520. 122,178.
1a b c d e f g	Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year elent 17.2400	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149.	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457.	(e) Fou 51,	r years back 782,197. 72,325. 065,749. 682,520. 122,178.
1a b c d e f g 2 a b	Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent 17.2400 000 %	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149.	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457.	(e) Fou 51,	r years back 782,197. 72,325. 065,749. 682,520. 122,178.
1a b c d e f g 2 a b	Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent 17.2400 000 %	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149.	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457.	(e) Fou 51,	r years back 782,197. 72,325. 065,749. 682,520. 122,178.
1a b c d e f g 2 a b c	Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year elent 17.2400 % nd 2c should equal 1	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457.	(e) Fou 51,	r years back 782,197. 72,325. 065,749. 682,520. 122,178.
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Permanent endowment 37.40 Term endowment 45.3600 The percentages on lines 2a, 2b, a Are there endowment funds not in the	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year elent 17.2400 % nd 2c should equal 1	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457.	(e) Fou 51,	r years back .782,197. .72,325. .065,749. .682,520. .122,178. .115,573.
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Permanent endowment 37.40 Term endowment 45.3600 The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year elent 17.2400 % nd 2c should equal 1 the possession of the	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457. as:	(e) Fou 51,	r years back .782,197. .72,325. .065,749. .682,520. .122,178. .115,573.
1a b c d e f g 2 a b c	Beginning of year balance Contributions	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent ▶ 17.2400 % nd 2c should equal 1 he possession of the	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.,% 100%. te organization that	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457. as:	(e) Fou 51, 4, 2, 53, 53,	r years back .782,19772,325065,749682,520122,178115,573. Yes No X
Pa b c d e f g 2 a b c 3a	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent ▶ 17.2400 000 % nd 2c should equal 1 he possession of the	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g.,%) 100%. the organization that	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457. as:	(e) Fou 51, 4, 2, 53, 3a(i) 3a(ii)	r years back .782,197. .72,325. .065,749. .682,520. .122,178. .115,573.
Pa 1a b c d e f g 2 a b c	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent 17.2400 000 % nd 2c should equal 1 the possession of the	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g. %	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457. as:	(e) Fou 51, 4, 2, 53, 53,	r years back .782,19772,325065,749682,520122,178115,573. Yes No X
Pa 1a b c d e f g 2 a b c 3a b	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent 17.2400 000 % nd 2c should equal 1 the possession of the organizations listed ses of the organizations	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g. %	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457. as:	(e) Fou 51, 4, 2, 53, 3a(i) 3a(ii)	r years back .782,19772,325065,749682,520122,178115,573. Yes No X
Pa 1a b c d e f g 2 a b c 3a b	Beginning of year balance	tion answered "Ye (a) Current year 72,952,977. 4,402,610. -9,910,603. 3,397,338. 227,050. 63,820,596. of the current year eent ▶ 17.2400 000 % nd 2c should equal 1 the possession of the current service of the organizations listed ses of the organizations.	es" on Form 990, F (b) Prior year 57,190,149. 5,536,477. 13,390,042. 2,998,585. 165,106. 72,952,977. end balance (line 1g. % 100%. the organization that d as required on Schtion's endowment fu	Part IV, line 10. (c) Two years back 52,217,457. 207,922. 7,548,329. 2,610,086. 173,473. 57,190,149. , column (a)) held a	(d) Three years back 53,115,573. 271,443. 1,796,924. 2,753,730. 212,753. 52,217,457. as:	(e) Fou 51, 4, 2, 53, 3a(i) 3a(ii) 3b	r years back .782,19772,325065,749682,520122,178115,573. Yes No X X X

14,877,502. Schedule D (Form 990) 2021

610,774.

28,954.

366,954.

34

13,870,820.

6,854,205.

1,039,838

839,104

610,774

20,725,025.

1,068,792.

1,206,058.

0047389

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

b Buildingsc Leasehold improvementsd Equipment

Schedule D (Form 990) 2021 HISTORIC LANDM	ARKS FOUNDATIO	ON OF INDIANA, INC	35-1162873 Pa
Part VII Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 99	∩ Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	ation:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	1 "Voo" on Form 00	0 Part IV line 11a See Form 000) Dort V line 12
· · · · · · · · · · · · · · · · · · ·			
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year man	
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	l II)/II 00	0 Dant IV III - 44 - 0 - 5 - 11 - 000	0 Dant V line 45
Complete if the organization answered		o, Part IV, line 11d. See Form 990	
	scription		(b) Book value
<u>(1)</u>			+
(2)			
(3)			+
(4)			
(5)			
<u>(6)</u>			+
<u>(7)</u>			+
(8)			+
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)		
Part X Other Liabilities.	<i>IIIC 10.)</i>		
Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1. (a) Descrip	otion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA 1E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	-4,157,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.) 2d 344,842.		
e	Add lines 2a through 2d	2e	-15,810,474.
3	Subtract line 2e from line 1	3	11,652,506.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	227,050.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,879,556.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	7,211,117.
1 2	Total expenses and losses per audited financial statements		7,211,117.
	Donated services and use of facilities		
a b		-	
	- Her year adjacements	-	
C d	Other losses 2c Other (Describe in Part XIII.) 2d 706,844.	-	
e	Add lines 2a through 2d	2e	706,844.
3	Subtract line 2e from line 1	3	6,504,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,001,2701
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 227,050.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	227,050.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	6,731,323.
Part	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line

SCHEDULE D, PART II, LINE 3

NUMBER OF EASEMENTS MODIFIED DURING THE TAX YEAR:

EASEMENT PROPERTIES ARE REVIEWED ON AN ANNUAL BASIS, AND CONDITIONS ARE DOCUMENTED. EASEMENT DOCUMENT PROVIDES GUIDELINES FOR THE REVIEW PROCESS, AS WELL AS THE STEPS TO BE TAKEN IN THE EVENT OF AN EASEMENT VIOLATION.

ONE EASEMENT WAS RELEASED DURING THE TAX YEAR DUE TO THE TOTAL DESTRUCTION CAUSED BY FIRE.

FORM 990, SCHEDULE D, PART II, LINE 9

REPORTING OF CONSERVATION EASEMENTS ON INCOME STATEMENT & BALANCE SHEET:

CONSERVATION EASEMENTS ARE ACCOMPANIED BY A CONTRIBUTION TO FUND

DESIGNATED TO EASEMENT MONITORING AND ENFORCEMENT ACTIVITIES. THOSE

CONTRIBUTIONS ARE REPORTED AS CONTRIBUTION REVENUE IN THE FINANCIAL

STATEMENTS. THE COSTS ASSOCIATED WITH EASEMENT MONITORING AND ENFORCEMENT

ACTIVITIES, WHICH INCLUDE STAFF TIME AND TRAVEL, AND LEGAL FEES IF

APPLICABLE, ARE EXPENSED TO THE EASEMENT MONITORING FUND, A BOARD

DESIGNATED FUND.

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

THE ENDOWMENT IS INTENDED TO FUND THE OPERATIONS AND PROGRAMS OF THE ORGANIZATION IN PERPETUITY. THE FUNDS ARE INVESTED FOR LONG TERM GROWTH, AND FUNDS ARE WITHDRAWN IN ACCORDANCE WITH A SPENDING RATE APPROVED BY THE BOARD OF DIRECTORS. THE CURRENT SPENDING RATE IS 4.7% OF THE ENDOWMENT'S AVERAGE MARKET VALUE OVER A ROLLING TWENTY QUARTERS.

FORM 990, SCHEDULE D, PART X, LINE 2

FASB ASC 740 DISCLOSURE:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE FOUNDATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. MANAGEMENT OF THE FOUNDATION IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2022.

FORM 990, SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS FOR REVENUES:

INCOME FROM SUBSIDIARY OPERATIONS \$ 244,768

INVENTORY EXPENSE \$ 117,821

CHANGE IN BENEFICIAL INTEREST \$ (17,747)

TOTAL \$ 344,842

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS FOR EXPENSES:

EXPENSES FROM SUBSIDIARY OPERATIONS \$ 589,023

INVENTORY EXPENSE \$ 117,821

TOTAL \$ 706,844

FORM 990, SCHEDULE D, PART XI & XII

CONSOLIDATED FINANCIAL STATEMENTS:

AUDITED FINANCIAL STATEMENTS REPRESENT A CONSOLIDATION OF THE PARENT CORPORATION (HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.) AND ANOTHER CORPORATION IN WHICH THE PARENT CORPORATION HAS A CONTROLLING INTEREST. THE FINANCIAL IMPACT OF THIS OTHER ENTITY IS ELIMINATED IN THIS RECONCILIATION.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC 35-1162873 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14	0.				
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t				Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		3,711,162.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Total from continuation	NONE	NONE			3,711,162.
	sheets to Part I					
С	Totals (add lines 3a and 3b)	NONE	NONE			3,711,162.

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

Schedule F (Form 990) 2021

	(Form 990) 2021 HIS	TORIC LANDMARKS	S FOUNDATION OF IN	DIANA, INC	35-116	2873			Page 2
Part II	Grants and Other Assis							red "Yes" on	Form 990
	Part IV, line 15, for any	recipient who recei	ved more than \$5,000. F	Part II can be	duplicated if additi	onal space is	needed.		Т
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient o mpt 501(c)(3) organization by								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
_(6)							
_(7)							
_(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
(15)							
(16)							
(17)							
(18)							

Part	Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X	lo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	10
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes		lo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes	N	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	lo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	lo

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
HISTORIC LANDMARKS FOUNDATION OF	INDIANA,	INC				35-1162873	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proced Part II Grants and Other Assistance to Describe in Part IV, line 21, for any recipient to the selection of the selection	ts or assistand dures for mor Domestic Or	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiz	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GODS HOUSE MINISTRIES							
216 W 6TH STREET MARION, IN 46953	35-2120293	501(C)(3)	10,000.				SEE PART IV
(2) INDIANA HUMANITIES COUNCIL INC							
1500 N DELAWARE ST. INDIANAPOLIS, IN 46201	35-1344382	501(C)(3)	15,000.				SEE PART IV
(3) CLAUDE MCNEAL PRODUCTIONS							
525 N ILLINOIS ST. INDIANAPOLIS, IN 46204	26-0118022	501(C)(3)	7,500.				SEE PART IV
(4) EPISCOPAL DIOCESE OF INDIANAPOLIS							
1100 w 42nd STREET INDIANAPOLIS, IN 46208	35-0915468	501(C)(3)	12,785.				SEE PART IV
(5) BETHEL COMMUNITY CHURCH							
350 CALVIN BLVD SEYMOUR, IN 47274	74-3106944	501(C)(3)	10,000.				SEE PART IV
(6) CROWN HILL HERITAGE FOUNDATION							
700 W 38TH STREET INDIANAPOLIS, IN 46208	31-1104060	501(C)(3)	10,000.				SEE PART IV
(7) TURNER CHAPEL AME							
836 E JEFFERSON BLVD FORT WAYNE, IN 46803	35-1756655	501(C)(3)	25,000.				SEE PART IV
(8) MACROSTIE HISTORIC ADVISORS							
1400 16TH STREET NW 420	52-2336168	501(C)(3)	7,500.				SEE PART IV
(9) ROBERTS CHAPEL CHURCH AND BURIAL ASSOC							
PO BOX 561 NOBLESVILLE, IN 46061	35-2151582	501(C)(13)	9,250.				SEE PART IV
(10) EAGLE CREEK NATURE CONSERVANCY & CONSERVATI							
320 N MERIDIAN ST, STE 306 INDIANAPOLIS, IN	35-2031657	501(C)(3)	10,000.				SEE PART IV
(11) THE CATHOLIC FOUNDATION OF SW INDIANA							
PO BOX 4169 EVANSVILLE, IN 47724	35-1859487	501(C)(3)	25,000.				SEE PART IV
(12) FRIENDS MEMORIAL CHURCH							
418 W ADAMS STREET MUNCIE, IN 47305	35-0975637	501(C)(3)	7,500.				SEE PART IV
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			12
3 Enter total number of other organizations lis	ted in the line	1 table					1

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

	eneral Information on Grants a							
the selec	e organization maintain records to ction criteria used to award the gra e in Part IV the organization's proc	ants or assistand	e?					Yes No
	ants and Other Assistance to art IV, line 21, for any recipient		_					es" on Form 990,
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST RITA C	ATHOLIC CHURCH							
	W J BROWN AVE INDIANAPOLIS, IN	35-0869038	501(C)(3)	25,000.				SEE PART IV
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

Schedule I (Form 990) 2021

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

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

SCHEDULE I, PART I, LINE 2

GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS AND GOVERNMENTS:

GRANTS ARE ADMINISTERED IN RESPONSE TO SPECIFIC WRITTEN REQUESTS FROM NONPROFIT COMMUNITY ORGANIZATIONS WITHIN THE STATE OF INDIANA ONLY. THESE REQUESTS MUST CONTAIN A CLEARLY DEFINED PRESERVATION PROGRAM OR PROJECT, AND THE REQUESTING ORGANIZATION SHOULD BE CLASSIFIED OR HAVE APPLIED FOR STATUS AS A 501(C)ORGANIZATION UNDER THE IRS CODE.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_ 2					
_ 3					
4					
5					
6					
7					

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

FORM 990, PART II, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE:

GODS HOUSE MINISISTIRES - GRANT PROVIDED FOR ROOF REPLACEMENT OF HISTORIC BUILDING.

INDIANA HUMANITIES COUNCIL - GRANT PROVIDED TO PARTIALLY FUND THE HISTORIC PRESERVATION GRANT PROGRAM, A STATEWIDE GRANT PROGRAM WHICH FUNDS EDUCATION INITIATIVES FOCUSING ON HISTORIC PRESERVATION. IT IS ADMINISTERED BY THE INDIANA HUMANITIES COUNCIL.

Schedule I (Form 990) (2021)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

CLAUDE MCNEAL PRODUCTIONS - GRANT FOR FEASIBILITY STUDY FOR CMP CABARET.

EPISCOPAL DIOSECE OF INDIANAPOLIS - GRANT TO REHABILITATE HISTORIC BUILDINGS.

BETHEL COMMUNITY CHURCH - GRANT FOR RESTORATION OF HISTORIC BUILDING.

CROWN HILL HERITAGE FOUNDATION - GRANT TO HISTORIC CHURCH FOR ARCHITECTURAL STUDY.

Schedule I (Form 990) (2021)

Part III	Grants and Other Assistance to Domestic Individuals	. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
ı					
;					
Complemental Information Described					

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

TURNER CHAPEL AME - GRANT PROVIDED FOR ROOF REPLACEMENT OF HISTORIC BUILDING.

MACROSTIE HISTORIC ADVISORS - NATIONAL REGISTER FROM MEANS PARK MANOR.

ROBERTS CHAPEL CHURCH & BURIAL ASSOCIATION - GRANT TO HISTORIC CHURCH TO FUND CAPITAL IMPROVEMENTS.

EAGLE CREEK NATURE CONSERVANCY & CONSERVATION - GRANT TO HISTORIC CHURCH

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FOR ARCHITECTURAL STUDY.

THE CATHOLIC FOUNDATION OF SW IN - GRANT TO CAPITAL ENDOWMENT.

FRIENDS MEMORIAL CHURCH - GRANT TO HISTORIC CHURCH FOR BUILDING

ASSESSMENT.

ST. RITA CATHOLIC CHURCH - GRANT TO HISTORIC CHURCH FOR PLANNING.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC 35-1162873 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
9	in Part III	8		X
J	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
J. MARSHALL DAVIS	(i)	197,421.	NONE	6,000.	16,323.	14,175.	233,919.	
1 PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

ACCOMMODATIONS PROVIDED TO INDIVIDUALS LISTED ON SCHEDULE J:

THE PRESIDENT IS REQUIRED TO SERVE AS A RESIDENT OF A HOUSE LOCATED AT

1028 DELAWARE, INDIANAPOLIS, IN. HE IS REQUIRED TO HOST VARIOUS EVENTS

FOR BOARD MEMBERS, DONORS, AND COMMUNITY LEADERS. HE PROVIDES OVERNIGHT

ACCOMMODATIONS FOR OUT-OF-TOWN BOARD MEMBERS AND OTHER GUESTS OF THE

ORGANIZATION. HE PROVIDES SECURITY FOR THE PROPERTY AND MAINTAINS THE

PROPERTY AND GROUNDS AT HIS OWN EXPENSE. MOST OF THESE RESPONSIBILITIES

ARE OUTSIDE OF REGULAR BUSINESS HOURS. THIS BENEFIT IS NOT TAXABLE TO

HIM.

SOCIAL CLUB MEMBERSHIP IS PROVIDED TO PROMOTE AWARENESS OF THE

ORGANIZATION AND TO PROVIDE A VENUE FOR BUSINESS FUNCTIONS. ANY PERSONAL

EXPENDITURES RELATED TO THE USE OF THE SOCIAL CLUB ARE PROMPTLY

REIMBURSED.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 3

METHODS TO ESTABLISH COMPENSATION:

THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS EVALUATED BY AN EXECUTIVE COMPENSATION COMMITTEE. THE SALARY AND BENEFITS ARE APPROVED BY THE BOARD OF DIRECTORS BASED ON THE RECOMMENDATION OF THE COMPENSATION COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

INC

► Attach to Form 990.

HISTORIC LANDMARKS FOUNDATION OF INDIANA,

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

35-1162873

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			nts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		3	88,844.	FMV			
10	Securities - Closely held stock		<u> </u>	00,011.	I I I V			
	Securities - Partnership, LLC,							
11	or trust interests							
40	Securities - Miscellaneous							
12								
13	Qualified conservation							
	contribution - Historic							
4.4	structures							
14	Qualified conservation							
45	contribution - Other		2	165 000	ADDDATGAT	OF F	4T 7	
15	Real estate - Residential		2	105,000.	APPRAISAL	OF FI	VI V	
16	Real estate - Commercial		1	FF 000	ADDDATGAT	OF F	4T 7	
17	Real estate - Other		<u> </u>	55,000.	APPRAISAL	OF FI	VI V	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(1 11						
29	Number of Forms 8283 received				20			1
	which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	29	V.		1
	Desire the comment of the comment of		h (29) (2	oter manufacture Deut I. Par		10	es	No
30a	During the year, did the organizat		• • • • •	•				
	28, that it must hold for at least the	-						
_	to be used for exempt purposes for		olding period?		3	30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a	-		=				
	contributions?					31	Х	
32a	Does the organization hire or use	•						
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a)) is checked,			

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

Schedule M (Form 990) 2021

Part II Supple

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN THIS COLUMN.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

35-1162873

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT TO CHANGES TO BYLAWS:

THE BYLAWS WERE AMENDED DECEMBER 20, 2021 TO INCREASE THE NUMBER OF BOARD MEMBERS FROM 30 TO 37 MEMBERS. IN ADDITION THE BYLAWS DEFINE 10 STANDING COMMITTEES AND THEIR RESPECTIVE FUNCTIONS. THE PRESIDENT WILL ALSO BE THE EX-OFFICIO OF ALL COMMITTEES EXCEPT THE COMPENSATION COMMITTEE AND WILL HAVE A SEAT ON THE BOARD AS A VOTING MEMBER.

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION MEMBERS:

INDIANA LANDMARKS IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 6,200 MEMBERS. THE MEMBERSHIP IS OPEN TO THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION A, LINE 7A

POWER TO ELECT GOVERNING BODY:

THE MEMBERSHIP OF THE ORGANIZATION MEETS ONCE A YEAR TO ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

GOVERNANCE DECISIONS RESERVED TO MEMBERS:

CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW 990:

THE FORM 990 IS REVIEWED IN DETAIL BY THE ORGANIZATION'S AUDIT COMMITTEE AND AN INDEPENDENT ACCOUNTING FIRM. THE FORM IS SHARED WITH THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO OFFICERS,

DIRECTORS AND KEY EMPLOYEES ON AN ANNUAL BASIS. THE RETURNED

QUESTIONNAIRES ARE REVIEWED BY THE AUDIT COMMITTEE, AND THE RESULTS ARE

REPORTED TO THE BOARD OF DIRECTORS. IF IT IS DETERMINED THAT A CONFLICT

EXISTS, THE PERSON SUBJECT TO THE CONFLICT MAY BE PRESENT DURING

DELIBERATIONS ON THE MATTER, BUT IS MANDATED TO LEAVE THE MEETING DURING

ANY VOTE. IF APPROPRIATE, INDEPENDENT SOURCES WILL BE CONSULTED TO

DETERMINE THAT ANY TRANSACTION IS FAIR AND REASONABLE TO THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION:

THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS DETERMINED BY AN EXECUTIVE COMPENSATION COMMITTEE COMPRISED OF EXECUTIVE BOARD MEMBERS.

THE FINAL DECISION IS BROUGHT TO THE BOARD. PERIODICALLY THERE IS A SURVEY OF COMPARABLE EXECUTIVE COMPENSATION LEVELS. CURRENT SALARY SURVEYS ARE AVAILABLE TO THE ORGANIZATION AND ARE USED TO EVALUATE COMPENSATION OF NON-OFFICER KEY EMPLOYEES. ALL SALARIES ARE REVIEWED ON AN ANNUAL BASIS. COMPENSATION WAS LAST REVIEWED IN JANUARY 2022.

COMPENSATION REVIEW FOR NON-OFFICER KEY EMPLOYEES WAS CONDUCTED IN DECEMBER 2021.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS

ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY CICF \$(17,747)

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

35-1162873

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INDIANA LANDMARKS ADVANCES THE PRESERVATION OF HISTORICAL AND ARCHITECTURALLY SIGNIFICANT SITES AND STRUCTURES THROUGHOUT INDIANA. THROUGH ITS NETWORK OF REGIONAL OFFICES THE ORGANIZATION PROVIDES EDUCATION AND ADVOCACY AT THE LOCAL LEVEL, AND WORKS TO PRESERVE HISTORIC PLACES, REVITALIZE HISTORIC NEIGHBORHOODS, AND ENRICH THE HERITAGE OF INDIANA.

Name of the organization

Employer identification number

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

35-1162873

FORM 990, PART III - PROGRAM SERVICE

LINE 4B, PROGRAM SERVICE

INDIANA LANDMARKS OWNS AND OPERATES THREE MUSEUM PROPERTIES LOCATED IN INDIANAPOLIS, CAMBRIDGE CITY AND AURORA. THE 1865 MORRIS BUTLER HOUSE IN INDIANAPOLIS HIGHLIGHTS ARCHITECTURE OF THE NINETEENTH CENTURY. THE HUDDLESTON FARMHOUSE IN CAMBRIDGE CITY IS AN 1841 FARMHOUSE LOCATED ON THE NATIONAL ROAD, WHICH SERVED AS AN INN FOR SETTLERS HEADING WESTWARD. VERAESTAU IN AURORA, INDIANA, IS A HISTORIC HOME SET HIGH ABOVE THE OHIO RIVER. PORTIONS OF THIS BUILDING DATE TO 1837. IN ADDITION TO THESE MUSEUM PROPERTIES, INDIANA LANDMARKS OWNS AND MAINTAINS FIVE HISTORIC BUILDINGS WHICH HAVE BEEN RESTORED AND NOW FUNCTION AS OFFICES FOR THE ORGANIZATION. THESE PROPERTIES SERVE TO INCREASE PUBLIC AWARENESS OF THE ORGANIZATION AND TO EDUCATE THE PUBLIC REGARDING INDIANA'S HISTORY AND THE DESIRABILITY OF RESTORING AND PRESERVING HISTORIC PROPERTIES.

LINE 4C, PROGRAM SERVICE

INDIANA LANDMARKS PROVIDES A YEAR ROUND SCHEDULE OF EVENTS, TOURS, LECTURES THROUGHOUT THE STATE. THE INDIANA LANDMARKS CENTER IN INDIANAPOLIS, LOCATED IN A HISTORIC FORMER CHURCH, PROVIDES A UNIQUE SPACE FOR VARIOUS FUNCTIONS, INCLUDING SPECIAL EVENTS, LECTURES, FILMS, THEATER PRODUCTIONS, DIY CLASSES AND WORKSHOPS. IN ORANGE COUNTRY, INDIANA, INDIANA LANDMARKS PROVIDES TOURS OF THE HISTORIC WEST BADEN SPRINGS HOTEL AND THE FRENCH LICK SPRINGS HOTEL. THE TOURS OF THE HOTELS AND THE SURROUNDING GARDENS HIGHLIGHT THE HISTORIC ARCHITECTURE, THE HOTELS' ORIGINS, AND THEIR DECLINE AND REBIRTH THROUGH AWARD-WINNING RESTORATION. TWO GIFT SHOPS WITHIN THE HOTEL PROPERTIES CARRY MERCHANDISE INSPIRED BY THE PAST, INCLUDING BOOKS AND MATERIALS PERTAINING TO THE HISTORY OF INDIANA, ARCHITECTURES, AND HISTORIC PRESERVATION.

Schedule O (Form 990 or 990-EZ) 2021 Page **2**

Employer identification number Name of the organization HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC 35-1162873 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES ______ DESCRIPTION GRANTS EXPENSES REVENUE _____ ---------_____ INDIANA LANDMARKS PRODUCES SEVERAL 425,643. PUBLICATIONS WHICH IS GENERATED SIX TIMES A YEAR. THESE PUBLICATIONS AND OTHER TOOLS SUCH AS THE WEBSITE, ARE INTENDED TO PROVIDE INFORMATIVE AND EDUCATIONAL SERVICES TO MEMBERS OF INDIANA LANMDARKS AND TO THE GENERAL PUBLIC.

TOTALS

425,643.

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SCHEDULE R (Form 990)

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.

Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization	Employer identification number
HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC	35-1162873

(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)					
2)					
3)					
4)					
5)					
6)					

(g) Section 512(b)(13) (d) (a) (b) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) JOHN E. CHRISTIAN FAMILY MEMORIAL TRUST 35-1871610 1201 CENTRAL AVENUE INDIANAPOLIS, IN 46202 HISTORIC PRES IN 501(C)(3) 12 TYPE I HISTORIC LAN Х (2) (3) (4) (5) (6) (7)

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

Schedule R (Form 990) 2021

chedule R (F	Form 990) 2021	HISTORIC	LANDMARKS	FOUNDATION	OF	INDIANA,	INC	35-1162873
Part III	Identification of Related Organiza	tions Taxab	le as a Partne	rship. Comple	te if	the organiz	ation answere	d "Yes" on Form 990, Part IV, line 34,
ai t iii	because it had one or more related	d organization	ns treated as	a partnership d	uring	g the tax yea	ar.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging ner?	(k) Percentage ownership
		country)		,			Yes	No		Yes	No																	
_(1)	_																											
(2)																												
(3)	_																											
(4)																												
(5)																												
(6)																												
(7)																												

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

				<u> </u>			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	a. Complete line 1 if any entity is listed in Porte II. III. or IV of this school le					Yes	Nο
NOT	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	antata di sana dan Cara Pa	ted's Destall IVO			103	-110
1	During the tax year, did the organization engage in any of the following transactions with one or more				10		X
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		_X
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•	, , , , , , , , , , , , , , , , , , , ,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n		X
	Sharing of paid employees with related organization(s)				10	х	
0	Sharing of paid employees with related organization(s)				10	21	
	Delah manana dan elik ta malata da mana disetirat a taka tahun manana				10		Х
_	Reimbursement paid to related organization(s) for expenses				1p	х	
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s).				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t		· · · · · · · · · · · · · · · · · · ·	action thre		S.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	erminin	q
	·	type (a-s)		amou	unt invo	olved	-
4		_					
(1)	THE JOHN E. CHRISTIAN FAMILY MEMORIAL TRUST,	С	440,029.	CASH			
رم،							
(2)							
رم،							
(3)							
/ / \							
(4)							
(5)							
(J)							

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

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

(a) Name, address, and EIN of entity	N of entity (b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner?		g ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
			(state or foreign country)	(state or foreign country) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514)	(state or foreign country) (state or foreign country) (included, excluded from tax under sections 512 - 514) (included, excluded from tax u	(state or foreign country) Income (related unrelated, excluded from tax under sections 512 - 514) Yes No Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Income (related, excluded from tax under secti	Income (related, excluded from tax under sections \$12 - \$14) Wes No Total income (related, excluded from tax under sections \$12 - \$14) Wes No Total income sections \$12 - \$14 Wes No Total income sections \$12 - \$14 Wes No Total income sections \$12 - \$14 Wes No Total income sections \$12 - \$14 Wes No Total income sections \$12 - \$14 Wes No Total income sections \$12 - \$14 Wes No Total income sections \$12 - \$14 Wes No Total income sections \$14 Wes No Total inc	(state of brorigh country) in come (leatent) in	(state of roregin country) Income (relating excluded sections 512 - 514	(state or foreign country) Income (related workload or foreign coun	Country Coun	(state or foreign country) Income (research cou	Igate of roting in common (reading leading country) and country of the country of	

35-1162873

For	™ 990-T	E:	æm	npt Organizati	ion Busines				n	OMB No. 1545-	0047	
		For cale	ndar y	ear 2021 or other tax year	•		` '	*) 22	2M 2	1	
Dep	partment of the Treasury			Go to www.irs.gov/Fo			_				•	
	ernal Revenue Service	▶ Do	not e	nter SSN numbers on this	s form as it may be m	ade	public if your organiz	ation is a 501(c)(3).	Open to Public Insp 501(c)(3) Organizati		
A	Check box if		Nam	ne of organization (C	heck box if name chan	ged	and see instructions.)		D Employ	er identification n	umbe	er
	address changed.		HIS	STORIC LANDMAR	KS FOUNDATION	N C	F INDIANA,	INC	35-1	162873		
ВЕ	xempt under section	Print	Num	ber, street, and room or su	ite no. If a P.O. box, se	e ins	structions.			exemption numbe	r	
Σ	X 501(C)(3)	Type	120)1 CENTRAL AVEN	NUE				(see inst	tructions)		
	408(e) 220(e	, ,,	City	or town, state or province	, country, and ZIP or fo	reign	postal code					
	408A 530(a	,	IND	DIANAPOLIS, IN	46202-2656					Check box if		
	529(a) 529A	С Воо	k value	e of all assets at end of yea	r		▶ 9:	2679775.		an amended return	•	
G	Check organization			501(c) corporation	501(c) trust		401(a) trust	Other trust				
Н	Check if filing only to	>		Claim credit from For	m 8941		Claim a refund s	hown on Form	2439			
ī	Check if a 501(c)(3)	organiz	ation f	filing a consolidated re	turn with a 501(c)(2	titl (eholding corporation				. •	
				edules A (Form 990-T)								
				oration a subsidiary in a							X	No
	If "Yes," enter the n	ame and	identi	ifying number of the pa	rent corporation							
L	The books are in car	e of 🕨 1	/IADO	NNA WAGNER			Telephone r	number > 317	7-639-4	4534		
		-	L201	CENTRAL AVENU	JE							
			INDI	ANAPOLIS, IN 4	16202-2656							
P	art I Total Unre	elated E	Busir	ness Taxable Incor	ne							
1	Total of unrela	ted busi	ness	taxable income com	puted from all u	nrel	ated trades or b	usinesses (se	e			
	instructions)								. 1		N	ONE
2	Reserved								. 2			
3	Add lines 1 and 2	<u>.</u>							. 3		N(ONE
4	Charitable contri	outions (see in	structions for limitation	rules)				. 4			
5	Total unrelated b	usiness t	axabl	e income before net op	perating losses. Subt	ract	line 4 from line 3		. 5		N	ONE
6	Deduction for ne	t operatir	g loss	s. See instructions					. 6		N	ONE
7	Total of unrela	ted busi	ness	taxable income before	ore specific deduc	tion	and section 19	9A deduction	٦.			
	Subtract line 6 fr	om line 5							. 7		N	ONE
8				1,000, but see instructi								
9	Trusts. Section 1	99A ded	uction	n. See instructions					9			
10				ınd 9								
11	Unrelated busin	ess taxa	ıble i	income. Subtract line	10 from line 7.	lf	line 10 is greate	r than line	7,			
	enter zero								. 11		N(ONE
Р	art II Tax Com									1		
1				orations. Multiply Part I	, line 11 by 21% (0.2	21)			▶ 1		NO	ONE
2				es. See instructions f								
	Part I, line 11 from	Г	_	ax rate schedule or			1041)		▶ 2			
3									3			
4				ions								
5				only)								
6	Tax on noncomi	liant faci	lity in	come. See instructions					6			
									- —	<u> </u>		

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Form 990-T (2021) 35-1162873 Page **2**

Par	t III	Tax and Payments				33 11020	, , ,	
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
b	Other o	redits (see instructions)	1b					
		I business credit. Attach Form 3800 (see instructions)						
		or prior year minimum tax (attach Form 8801 or 8827)	_					
		redits. Add lines 1a through 1d				1e		
2		et line 1e from Part II, line 7				2	N	ONE
3		nounts due. Check if from: Form 4255 Form 8611 Form 8697				_		OIVE
·	Other ar	Other (attach statement)				3		
4	Total ta	x. Add lines 2 and 3 (see instructions). Check if includes tax previously						
7		,				4	IN T	ONE
5		1294. Enter tax amount here				5	1/	OINE
5			1	1		3		
	•	nts: A 2020 overpayment credited to 2021				-		
		stimated tax payments. Check if section 643(g) election applies	6b					
		posited with Form 8868	6c					
		organizations: Tax paid or withheld at source (see instructions)						
е		withholding (see instructions)						
t		or small employer health insurance premiums (attach Form 8941)	6f					
g		redits, adjustments, and payments: Form 2439						
		orm 4136 Other Total ▶						
7	•	ayments. Add lines 6a through 6g				7		
8	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached			· 🔲	8		
9		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9	N	ONE
10	Overpa	yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	aid		▶	10		
11	Enter th	e amount of line 10 you want: Credited to 2022 estimated tax		Refunde		11		
Par	t IV	Statements Regarding Certain Activities and Other Inf	orm	ation (see instr	uctions	s)		
1	At any	time during the 2021 calendar year, did the organization have an in	nteres	st in or a signatu	ire or	other authorit	y Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? I	f "Ye	s," the organizati	on ma	ay have to fil	е	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	s," en	nter the name of	the	foreign countr	y	
	here >						_	X
2	During	the tax year, did the organization receive a distribution from, or was it the	ne gra	intor of, or transfe	ror to,	a foreign trust	?	X
	If "Yes,	" see instructions for other forms the organization may have to file.						
3	Enter th	ne amount of tax-exempt interest received or accrued during the tax year		▶ \$ _				
4	Enter a	vailable pre-2018 NOL carryovers here \blacktriangleright \$ $48,938$. Do not inc	lude a	any post-2017 NOL	carryo	ver		
	shown	on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	nown	here by any de	eductio	on reported o	ո	
	Part I, li			, , , , ,				
5		17 NOL carryovers. Enter available Business Activity Code and	post-	2017 NOL carry	overs.	Don't reduc	e	
		ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for t						
		Business Activity Code		Available post-2	017 N	OL carryover		
		453220	\$	227,246.			-	
		901101	_ \$ _	42,994.			-	
		541800	_ \$ _	10,469.				
			_	,			-	
6a	Did the	organization change its method of accounting? (see instructions)						Х
b	If 6a	is "Yes," has the organization described the change on Form 990,	990-	EZ, 990-PF, or	Form	1128? If "No	"	
	explain	in Part V						
Par	: V	Supplemental Information						
		planation required by Part IV, line 6b. Also, provide any other additional inform	nation.	See instructions.				
	U	nder penalties of perjury, I declare that I have examined this return, including accompan	ying so	chedules and statement	s, and	to the best of n	ıy knowled	dge and
Sigr	l 6.	elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform			nowledg	je.		
Her		. MARSHALL DAVIS 07/17/2023 PRES	יחרדי	NTT		y the IRS discu		
пег		. MARSHALL DAVIS 07/17/2023 PRES pate Date Title	TUE	IN T	_	h the preparer e instructions)? χ	Yes	- I
		Print/Type preparer's name Preparer's signature		Date	_	PTIN	169	No
Paid		Trepatet 5 Signature			Check	K L IT	050:-	_
Prep		.		07/17/2023			27947	
	Only	Firm's name FORVIS, LLP		- 16001		EIN ► 44-01		
JSA		Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS	, IN	1 46204	Phone	e no. 317-383		
	1 1.000					Form	990-T	(2021)

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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Open to Public Inspection for

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

	Revenue Service	illaue p	ublic ii your organ		. , ,	,
A Na	ame of the organization			B Employer ide	ntificat	tion number
HI	STORIC LANDMARKS FOUNDATION OF INDIA	NA,	INC	35-11628	73	
C Ur	related business activity code (see instructions) ► 453220			D Sequence:	1	of 3
E De	escribe the unrelated trade or business►SALE OF MERCHA	NDI	SE			T
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts or sales198,678.					
b	Less returns and allowances c Balance ▶	1c	198,6	78.		
2	Cost of goods sold (Part III, line 8)	2	107,4	62.		
3	Gross profit. Subtract line 2 from line 1c	3	91,23	16.		91,216.
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)					
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		91,2			91,216.
Pa	Deductions Not Taken Elsewhere See instructions f		nitations on de	eductions. Deduc	tions r	must be
	directly connected with the unrelated business incom	е				
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					130,447.
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	13,485.
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b	
9	Depletion					
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)					40,860.
15	Total deductions. Add lines 1 through 14				15	184,792.

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

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Schedule A (Form 990-T) 2021

16

16

17

-93,576.

Schedule A (Form 990-T) 2021 Page 2

Par	Cost of Goods Sold	Enter method of inver	ntory valuation >		.3.
1	Inventory at beginning of year			1	61,440.
2	Purchases				46,022.
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				107,462.
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				107,462.
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to t	he organization?	Yes X No
Part	IV Rent Income (From Real Property	and Personal Prop	perty Leased with Ro	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D [
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter	here and on Part I, line 6,	column (A)	
	١				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement)	5.5.1			
5	Total deductions. Add line 4 columns A through	D. Enter nere and on Par	t I, line 6, column (B)	· · · · · · · · ·	
 Par	V Unrelated Debt-Financed Income	(ego instructions)			
1	Description of debt-financed property (street add	,	\ Chook if a dual upa Coo	instructions	
'	A Street add	iless, city, state, ZIF code). Check if a dual-use. See	instructions.	
	В —				
	c				
	D —				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)		
	_				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colun	nn (B)	
11	Total dividends-received deductions included in	line 10	<u> </u>	<u></u> ▶.	

Schedule A (Form 990-T) 2021 Page 3

Dort VI Interest An	muities Develt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	nuities, Royalt	les, and Kents	s from Controlled Organi	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organizatio	ns	•
7. Taxable income	ine	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ntion (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
Description of exploi		,		(
•		om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. Er	, , , , , , , , , , , , , , , , , , , ,	
line 10, column (B)					3
4 Net income (loss)	from unrelated t	trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from a	activity that is not	unrelated business	s income		5
6 Expenses attributabl	e to income entere	ed on line 5			6
7 Excess exempt expe	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12	<u> </u>			7

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

Par	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box	k if reporting two or more periodicals	on a consolidated basis.		
	A				
	В				
	с — —				
	D				
enter	amounts for each periodical listed ab	pove in the corresponding column.	1		
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter he	re and on Part I, line 11, column (A).			>
-		().			
•	Direct advertising costs by periodice				
3	Direct advertising costs by periodica			l	
а	Add columns A through D. Enter he	re and on Part I, line 11, column (B).			
			T	T	
4	Advertising gain (loss). Subtract line	3 from line			
	2. For any column in line 4 show	ing a gain,			
	complete lines 5 through 8. For any	/ column in			
	line 4 showing a loss or zero, do no				
	lines 5 through 7, and enter zero on	·			
5	Readership costs				
6	Circulation income			1	
7	Excess readership costs. If line 6 i				
	line 5, subtract line 6 from line 5. If I	ine 5 is less			
	than line 6, enter zero				
8	Excess readership costs allow	ed as a			
	deduction. For each column showing	g a gain on			
	line 4, enter the lesser of line 4 or lin	* *			
а			ne 8a columns total i	or zero here and o	on .
u	Part II, line 13				
	raitii, iiile 13				<u> </u>
Par	rt X Compensation of Office	ers, Directors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	1. Name	Z. Title			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)					
(+)				%	
	al. Enter here and on Part II, line 1.			· · · · · · · · · · · · · · · · · · ·	
Par	rt XI Supplemental Informat	ion (see instructions)			

SCHEDULE A:SALE OF MERCHANDISE
PART II - LINE 14 - OTHER DEDUCTIONS

RENT EXPENSE	15,338.
LICENSES & FEES	8,404.
SUPPLIES	10,321.
INSURANCE	3,626.
OTHER MISCELLANEOUS EXPENSE	2,411.
TAX PREP FEES	760.

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STATEMENT 1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	ΗI	STORIC LANDMARKS FOUNDATION OF INDIA	NA,	INC	35-1162	873		
Describe the unrelated trade or business ▶DEBT FINANCED PROPERTY						_		_
Part Unrelated Trade or Business Income	: Ur	related business activity code (see instructions) ▶ 901101			D Sequence:	2	of	3
Part Unrelated Trade or Business Income		" "	550	D				
1a Gross receipts or sales b Less returns and allowances c Balance b Less returns and allowances c Capital loss of goods sold (Part III, line 8). 3 Gross profit. Subtract line 2 from line 1c	: De	scribe the unrelated trade or business > DEBT FINANCED	PRO	PER.I.A				
b Less returns and allowances	Par	t I Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	((C) Net
b Less returns and allowances	1a	Gross receipts or sales						
2 Cost of goods sold (Part III, line 8)	b	•	1c					
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions. b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts. lncome (loss) from a partnership or an S corporation (attach statement) . 6 Rent income (Part IV) . 7 Unrelated debt-financed income (Part V) . 9 Investment income of section 501(c)(7), (9), or (17) organization (Part VI). 9 Exploited exempt activity income (Part VIII). 10 Exploited exempt activity income (Part VIII). 11 Other income (see instructions; attach statement) . 12 Other income (see instructions; attach statement) . 13 Total. Combine lines 3 through 12 . 13 Advertising and wages . 14 Salaries and wages . 15 Salaries and wages . 16 Taxes and licenses . 17 Depreciation (attach Form 4562). See instructions . 16 Taxes and licenses . 17 Depreciation (attach Form 4562). See instructions . 18 Less depreciation claimed in Part III and elsewhere on return . 19 Depreciation (attach Form 4562). See instructions . 10 Contributions to deferred compensation plans . 10 Lorelated deviation (attach Form 4562). See instructions . 11 Employee benefit programs . 12 Excess exempt expenses (Part VIII) . 13 Excess readership costs (Part IX) . 14 Adversing the compensation of the compensation plans . 15 Less depreciation claimed in Part III and elsewhere on return . 16 Depreciation (attach Form 4562). See instructions . 17 Defluctions Not Taken Elsewhere see instructions . 19 Depreciation (attach Form 4562). See instructions . 10 Less depreciation claimed in Part III and elsewhere on return . 18 Ab	2		2					
1120)). See instructions 4a	3	Gross profit. Subtract line 2 from line 1c	3					
1120)). See instructions 4a	4a	Capital gain net income (attach Sch D (Form 1041 or Form						
c Capital loss deduction for trusts. 4c 5 Income (loss) from a partnership or an S corporation (attach statement). 5 6 Rent income (Part IV). 6 7 Unrelated debt-financed income (Part V). 7 8 Interest, annutities, royalties, and rents from a controlled organization (Part VI). 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). 9 0 Exploited exempt activity income (Part VII). 10 1 Advertising income (Part IX). 11 2 Other income (see instructions; attach statement) 12 3 Total. Combine lines 3 through 12. 13 -453,788. 1,625. -455,41. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses. 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation (attach Fo		· · · · ·	4a					
c Capital loss deduction for trusts. 4c 5 Income (loss) from a partnership or an S corporation (attach statement). 5 6 Rent income (Part IV). 6 7 Unrelated debt-financed income (Part V). 7 8 Interest, annutities, royalties, and rents from a controlled organization (Part VI). 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). 9 0 Exploited exempt activity income (Part VII). 10 1 Advertising income (Part IX). 11 2 Other income (see instructions; attach statement) 12 3 Total. Combine lines 3 through 12. 13 -453,788. 1,625. -455,41. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses. 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation (attach Fo	b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	-458,88	2.		-4	58,882.
5 Income (loss) from a partnership or an S corporation (attach statement) 5 statement) 6 6 Rent income (Part IV) 6 7 5,094 1,625 3,469 8 Interest, annuities, royalties, and rents from a controlled organization (Part VII). 8 7 5,094 1,625 3,469 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VIII). 9 9 10 10 10 11 11 11 11 11 11 11 12 11 12 11 12 </td <td>С</td> <td></td> <td>4c</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>	С		4c	-				
Statement 5	5	·						
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8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	6	Rent income (Part IV)	6					
organization (Part VI)	7	Unrelated debt-financed income (Part V)	7	5,09	1	,625.		3,469.
9	8	Interest, annuities, royalties, and rents from a controlled						
O Exploited exempt activity income (Part VIII).		organization (Part VI)	8					
Exploited exempt activity income (Part VIII).	9	Investment income of section 501(c)(7), (9), or (17)						
1			9					
2	0	Exploited exempt activity income (Part VIII)	10					
Total. Combine lines 3 through 12	1							
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Contributions to deferred compensation plans 10 1 Employee benefit programs 11 2 Excess exempt expenses (Part VIII) 12 3 Excess readership costs (Part IX) 13 4 Other deductions, Add lines 1 through 14 5 380 6 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -455,793 17 Deduction for net operating loss. See instructions 17	2	Other income (see instructions; attach statement)	12					
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7 Deduction for net operating loss. See instructions	•	·					_4	55.793
•	7							
		i e					-4	55,793.
For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 20								

Schedule A (Form 990-T) 2021

art III Cost of Goods Sold E	nter method of inventor	v valuation 🕨		
Inventory at beginning of year			1	
Purchases				
Cost of labor				
Additional section 263A costs (attach statement)				
Other costs (attach statement)				
Total. Add lines 1 through 5				
Inventory at end of year				
Cost of goods sold. Subtract line 7 from line 6. En				
Do the rules of section 263A (with respect to prop				Yes No
art IV Rent Income (From Real Property				res NO
Description of property (property street address, cit B C D		·		
	A	В	С	D
Rent received or accrued		_		
a From personal property (if the percentage of rent for personal property is more than 10%				
but not more than 50%)				
b From real and personal property (if the				
percentage of rent for personal property				
exceeds 50% or if the rent is based on profit or				
income)				
c Total rents received or accrued by property.				
Add lines 2a and 2b, columns A through D				
	one A through D. Enter here	and on Part Lline 6, colu	umn (A)	
Total rents received or accrued. Add line 2c colum	nns A through D. Enter here	and on Part I, line 6, colu	umn (A)	
Total rents received or accrued. Add line 2c colum	nns A through D. Enter here	and on Part I, line 6, colu	umn (A) ▶	
Total rents received or accrued. Add line 2c column Deductions directly connected with the income	nns A through D. Enter here	and on Part I, line 6, colu	umn (A) ▶	
Total rents received or accrued. Add line 2c column Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	-			
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Total rents received or accrued. Add line 2c column Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D	. Enter here and on Part I, I			
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Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D art Va Unrelated Debt-Financed Income (street address)	Enter here and on Part I, I see instructions) ss, city, state, ZIP code). Cl	ne 6, column (B)		
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Total rents received or accrued. Add line 2c column Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street address A 102 NW 3RD STREET, B C Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement). Descriptions (attach statement). Total deductions (attach statement). Columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement). Average adjusted basis of or allocable to debt-financed property (attach statement). Divide line 4 by line 5	A 22,408. 7,147. 7,147. 223,636. 983,775. 22.732% 5,094.	ne 6, column (B) neck if a dual-use. See in: N 47708 B TMT 2	structions.	
Total rents received or accrued. Add line 2c column Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street address A 102 NW 3RD STREET, B C Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement). Detections (attach statement) Columns A through D) Columns	A 22,408. 7,147. 7,147. 223,636. 983,775. 22.732% 5,094. h D). Enter here and on Part I, I	ne 6, column (B) neck if a dual-use. See in: N 47708 B TMT 2	structions.	
Total rents received or accrued. Add line 2c column Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Description of debt-financed property (street address A 102 NW 3RD STREET, B C Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Total deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	A 22,408. 7,147. 7,147. 223,636. 983,775. 22.732% 5,094. h D). Enter here and on Part I, I	ne 6, column (B) neck if a dual-use. See in: N 47708 B TMT 2 % t I, line 7, column (A) .	structions.	5,094

Schedule A (Form 990-T) 2021 Page 3

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if repo	orting two or more periodicals or	n a consolidated basis.		
	A				
	В				
	c				
	D	the corresponding column			
⊨nter	amounts for each periodical listed above in				_
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and	on Part I, line 11, column (A).)	-
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	•			>
		, , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from	lino			
-					
	2. For any column in line 4 showing a	-			
	complete lines 5 through 8. For any colum				
	line 4 showing a loss or zero, do not comp				
	lines 5 through 7, and enter zero on line 8.				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less	than			
	line 5, subtract line 6 from line 5. If line 5 is				
	than line 6, enter zero				
8	Excess readership costs allowed as				
Ū	deduction. For each column showing a gai				
	line 4, enter the lesser of line 4 or line 7.	*			
а	Add line 8, columns A through D. E				n
	Part II, line 13)	—
Par	t X Compensation of Officers, D	irectors, and Trustees (s	see instructions)		
	i i			. Percentage	4. Compensation
	1. Name	2. Title		time devoted	attributable to
	i. Name	Z. Title			
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
('/				76	
_	I Enter here and an Bart II line 1				
Tota					
	I. Enter here and on Part II, line 1				
	t XI Supplemental Information (s				
		ee instructions)	€D		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	€D		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		
	T XI Supplemental Information (s	ee instructions)	ED		

SCHEDULE A - SUPPLEMENTAL INFORMATION

PART NUMBER: PART I LINE NUMBER: LINE 4B

EXPLANATION AMOUNT:

EXPLANATION:

SEE ATTACHED FORM 4797 FOR SALE OF DEBT FINANCED PROPERTY INFO.

SCHEDULE A:DEBT FINANCED PROPERTY
PART II - LINE 14 - OTHER DEDUCTIONS

TAX PREP FEES 380.

1133KR D310 0047389 79

SCHEDULE A: DEBT FINANCED PROPERTY PART V - LINE 3B DETAIL

INTEREST 1,625.

TOTAL OTHER DEDUCTIONS

1,625. =========

STATEMENT 2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Department of the Treasury Internal Revenue Service

A Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

B Employer identification number

35-1162873

C Un	related business activity code (see instructions) ► 541800			D Sequence:	3	of	3
E De	scribe the unrelated trade or business ►ADVERTISING						
Par			(A) Income	(В) Ехре	enses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11	94	10. 5	,193.		-4,253.
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12				<u>,193.</u>		-4,253.
Par			nitations on de	ductions. Dedu	uctions r	nust be)
	directly connected with the unrelated business incom	e					
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages						
3	Repairs and maintenance				3		
4	Bad debts						
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses		1 1		6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return .				8b		
9	Depletion						
10	Contributions to deferred compensation plans				I		
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						380.
15	Total deductions . Add lines 1 through 14						380.
16	Unrelated business income before net operating loss deduction				I		
	column (C)						<u>-4,633.</u>
17	Deduction for net operating loss. See instructions						
18	Unrelated business taxable income. Subtract line 17 from line	16					-4,633.
For Pa	aperwork Reduction Act Notice, see instructions.			:	Schedule	A (Form	n 990-T) 2021

Schedule A (Form 990-T) 2021 Page 2

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acqu	ired for resale) apply to the	he organization?	Yes No
Part	IV Rent Income (From Real Property	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	Deducations discould an advisable the income				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement) [Total deductions. Add line 4 columns A through	D. Enter here and an Pari	t L line 6 column (P)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Pan	i i, iiile 6, coluiiiii (b)	· · · · · · · · · · · · · · · · · · ·	
■Par	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	,	Check if a dual-use. See	instructions	
•	A Second to the second that the second to th	ness, only, state, Zn sode,	. Oncok ii a adai asc. Occ	motractions.	
	В —				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and on	Part I, line 7, column (A)	> _	
	,			1	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10	<u></u>	<u> </u>	

Schedule A (Form 990-T) 2021 Page 3

Dort VI Interest An	muitica Davalt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	inuities, Royali	les, and Kents	s from Controlled Organ	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	'	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
1 Description of explo		,, •		(100	
·	· -	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	-
lines 5 through 7					4
5 Gross income from					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12				7

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

Pai	rt IX Advertising Income					
1	Name(s) of periodical(s). Check box if r	eporting	two or more periodicals of	n a consolidated l	oasis.	
	A THE PRESERVATION	CRINC	Γ			
	В					
	С					
	D					
nter	amounts for each periodical listed above	in the co	rresponding column.			
			Α	В	С	D
2	Gross advertising income	[940.			
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column (A).			.▶ 940.
	•		, ,			
3	Direct advertising costs by periodical	[5,193.			
а	Add columns A through D. Enter here ar		rt I, line 11, column (B).			▶ 5,193.
	•					
4	Advertising gain (loss). Subtract line 3 fr	om line				
	2. For any column in line 4 showing	a gain,				
	complete lines 5 through 8. For any col	umn in				
	line 4 showing a loss or zero, do not co					
	lines 5 through 7, and enter zero on line		-4,253.			
5	Readership costs					
6	Circulation income	[
7	Excess readership costs. If line 6 is les	s than				
	line 5, subtract line 6 from line 5. If line 5	is less				
	than line 6, enter zero	[
8	Excess readership costs allowed	as a				
	deduction. For each column showing a	gain on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D.	Enter t	he greater of the line	e 8a, columns	total or zero here an	d on
	Part II, line 13					· b
Dar	rt X Compensation of Officers,	Direct	ore and Trustoes (soo instructions	·1	
га	Compensation of Officers,	Direct	ors, and musices (see mstructions		T
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	al. Enter here and on Part II, line 1				<u> </u>	•
Pai	rt XI Supplemental Information	(see in	structions)			

SCHEDULE A:ADVERTISING
PART II - LINE 14 - OTHER DEDUCTIONS

ACCOUNTING 380.

1133KR D310 0047389 85

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Name	e(s) shown on return					I	dentify	ing number
HIS	TORIC LANDMARKS FOUND	ATION OF I	NDIANA, IN	С			35-1	.162873
1a	Enter the gross proceeds from sa	les or exchange	s reported to yo	ou for 2021 on Fo	orm(s) 1099-B or	099-S (or		
	substitute statement) that you are in	cluding on line 2	, 10, or 20. See	instructions			1a	
b	Enter the total amount of gain the	at you are inclu	ding on lines 2	, 10, and 24 due	to the partial disp	ositions of		
	MACRS assets						1b	
С	Enter the total amount of loss that	t you are includi	ng on lines 2 ar	nd 10 due to the p	artial dispositions	of MACRS		
	assets						1c	
Par							ns Fro	om Other
	Than Casualty or Thef	t - Wost Prop	erty Heia Wic	ore inan 1 Year	ì	Γ΄		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvemer expense or	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								-458,882.
	Gain, if any, from Form 4684, line 3						3	
	Section 1231 gain from installment		·				4	
	Section 1231 gain or (loss) from lik						5	
	Gain, if any, from line 32, from othe	,					6	
	Combine lines 2 through 6. Enter the	J (,		• • •			7	-458,882.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule k		` ,	•	for Form 1065, S	chedule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and state 1231 losses, or they were recaptur Schedule D filed with your return an	skip lines 8 and ed in an earlier y	9. If line 7 is a ear, enter the ga	gain and you didn' ain from line 7 as a	t have any prior ye	ear section		
8	Nonrecaptured net section 1231 los	sses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero	or less, enter -0-	. If line 9 is zero	o, enter the gain fro	m line 7 on line 1:	2 below. If		
	line 9 is more than zero, enter the a			•		Ü		
	capital gain on the Schedule D filed	<u>-</u>					9	
Par	-							
10	Ordinary gains and losses not inclu	ided on lines 11	through 16 (inclu	ude property held 1 ye	ear or less):	ı		
	Loop if any from the 7							/ / / / / / / / / / / / / / / / / / / /
	Loss, if any, from line 7						11	(458,882.)
							12	
	Gain, if any, from line 31						13	
							15	
	 5 Ordinary gain from installment sales from Form 6252, line 25 or 36 6 Ordinary gain or (loss) from like-kind exchanges from Form 8824 					16		
	Combine lines 10 through 16	_					17	-458,882.
	ŭ						17	430,002.
	For all except individual returns, en a and b below. For individual returns			me appropriate line	or your return and	skih iiues		
	If the loss on line 11 includes a loss	•		n (b)(ii), enter that p	art of the loss here	. Enter the		
	loss from income-producing propert							
	an employee.) Identify as from "Forn	•	` '	•		•	18a	
	Redetermine the gain or (loss) on							
	(Form 1040), Part I, line 4						18b	
or E	aperwork Reduction Act Notice, s	oo congrato inetr	uctions					Form 4797 (2021)

Form 4797 (2021) 35-1162873 Page **2**

Pa	rt III Gain From Disposition of Property (see instructions)	' Un	der Sections 124	5, 1250, 1252, 12	54, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, or	or 12	55 property:		(b) Date acquired	(c) Date sold
A	.,				(mo., day, yr.)	(mo., day, yr.)
^ B						
C						
 D						
	These columns relate to the properties on lines 19A through 19D). >	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
	Adjusted basis. Subtract line 22 from line 21	23				
	,,					
24	Total gain. Subtract line 23 from line 20	24				
	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a.					
	If section 1250 property: If straight line depreciation was					
	used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions.	26a				
	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
С	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
а	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage. See instructions •	27b				
С	Enter the smaller of line 24 or 27b	27c				
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the smaller of line 24 or 28a					
	If section 1255 property:					
	Applicable percentage of payments excluded from					
	income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions					
	nmary of Part III Gains. Complete propert		lumns A through	D through line 29l	b before going to lin	ne 30.
				<u> </u>		
30	Total gains for all properties. Add property columns A	\ thro	ugh D, line 24			
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	re and on line 13		
32	Subtract line 31 from line 30. Enter the portion from	n cas	ualty or theft on Form	4684, line 33. Enter	the portion from	
	other than casualty or theft on Form 4797, line 6 $$. $$				32	
Pa	Recapture Amounts Under Section (see instructions)	s 17	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
					(a) Section	(b) Section
					179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	able	in prior years			
	Recomputed depreciation. See instructions		• •			
	Recapture amount. Subtract line 34 from line 33. Se					
				•		Form 1707 (20)

Form **4797** (2021)

-45

Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name: HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Taxpayer Address: 1201 CENTRAL AVENUE, INDIANAPOLIS, IN 46202-2656

Taxpayer ID Number: <u>35-1162873</u>

Year-End: 08/31/2022

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

STATEMENT 1

FEDERAL ELECTIONS

REGULATION REFERENCE: SECTION 1.168(K)

THE FOLLOWING TAXPAYER HEREBY ELECTS OUT OF THE BONUS DEPRECIATION ALLOWANCE UNDER REG. §1.168(K) FOR ALL PROPERTY PLACED IN SERVICE WITHIN THE 15 YEAR CLASS OF PROPERTY DURING THE TAXABLE YEAR.

TAXPAYER NAME: HISTORIC LANDMARKS FOUNDATION OF INDIANA

TAXPAYER ADDRESS: 1201 CENTRAL AVENUE, INDIANAPOLIS, IN 46202-2656

TAXPAYER EIN: 35-1162873

UNDER REG. $\S1.263(A)-1(F)$ FOR THE FOLLOWING MEMBERS OF THE CONSOLIDATED GROUP FILING A CONSOLIDATED INCOME TAX RETURN.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2021 **Jurisdiction:** Federal - 990T

Name: Historic Landmarks Foun No of Attachments: 2

Return No: E1133KR1

PDF Attachment Description	PDF File Name	File Size
Sch E	E1133KR1_FE-990T_Sch E.pdf	106,052
NOL	E1133KR1 FE-990T NOL.pdf	67,844

Historic Landmarks Foundation of Indiana, Inc

EIN: 35-1162873 Year End: 8/31/2022 Form 990-T: Schedule A, Part I

	Highest Acquisition Debt During the Year/	1,351,156
	Average Adjusted Basis	 1,967,549
		69%
	Gross Sales Price Adjusted Basis In Property	1,300,000 1,967,549
	Selling Expenses	673
	Loss on Sale	(668,222)
Line 4b	Unrelated Debt-Financed Loss from Sale	(458,882)
	Form 990-T: Schedule A, Part V	
Line 3b	Interest Expense	7,147
	Average Acquisition Debt/Average Adjusted Basis	22.730%
	Total Interest Expense	\$ 1,625
Line 3c	Total Deductions	1,625

Historic Landmarks Foundation of Indiana, Inc EIN: 35-1162873 Year End: 8/31/2022

990-T NOL Attachment - Pre-2018 NOL

	Amount		Carryover to
Year Ending	Generated	Utilized	Next Year
8/31/2004	(2,792)	224	(2,568)
8/31/2006	(5,765)	-	(5,765)
8/31/2007	(24,977)	-	(24,977)
8/31/2008	(38,794)	-	(38,794)
8/31/2009	(63,799)	-	(63,799)
8/31/2010	(40,577)	-	(40,577)
8/31/2011	(29,353)	-	(29,353)
8/31/2012	(10,285)	-	(10,285)
8/31/2013	(25,988)	-	(25,988)
8/31/2014	(39,639)	-	(39,639)
8/31/2015	(41,095)	-	(41,095)
8/31/2016	(44,690)	-	(44,690)
8/31/2017	(34,032)	-	(34,032)
8/31/2018	(48,938)	-	(48,938)

Historic Landmarks Foundation of Indiana, Inc EIN: 35-1162873

Year End: 8/31/2022

990-T NOL Attachment - Advertising

	Amount	Amount	Carryover to
Year Ending	Generated	Utilized	Next Year
8/31/2019	(2,208)	-	(2,208)
8/31/2020	(3,885)	-	(6,093)
8/31/2021	(4,376)	-	(10,469)
8/31/2022	(4,633)	-	(15,102)

Historic Landmarks Foundation of Indiana, Inc

EIN: 35-1162873 Year End: 8/31/2022

990-T NOL Attachment - Sale of Merchandise

	Amount	Amount	Carryover to
Year Ending	Generated	Utilized	Next Year
8/31/2019	(52,701)	=	(52,701)
8/31/2020	(95,474)	-	(148,175)
8/31/2021	(79,071)	-	(227,246)
8/31/2022	(93,576)	-	(320,822)

Historic Landmarks Foundation of Indiana, Inc

EIN: 35-1162873 Year End: 8/31/2022

990-T NOL Attachment - Debt Financed Property

	Amount	Amount	Carryover to
Year Ending	Generated	Utilized	Next Year
8/31/2019	(11,270)	-	(11,270)
8/31/2020	(23,477)	-	(34,747)
8/31/2021	(8,247)	-	(42,994)