

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 Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2024Department 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.**Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning 09/01 , 20 24 , and ending 08/31 , 20 25	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC Doing business as INDIANA LANDMARKS Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 CENTRAL AVENUE City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46202-2656 F Name and address of principal officer: BRAD WARD 1201 CENTRAL AVENUE, INDIANAPOLIS, IN 46202-2656 H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	D Employer identification number 35-1162873 E Telephone number (317) 639-4534 G Gross receipts \$ 25,408,289
J Website: WWW.INDIANALANDMARKS.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1960 M State of legal domicile: IN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INDIANA LANDMARKS REVITALIZES COMMUNITIES, RECONNECTS US TO OUR HERITAGE, AND SAVES MEANINGFUL PLACES.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	55
	6	Total number of volunteers (estimate if necessary)	6	165
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	118,756
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,088,901	3,442,032
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	654,368	724,024
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,350,730	7,229,522
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	329,625	299,403
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,423,624	11,694,981
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,084,641	3,064,450
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,690,228	4,152,216
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	426,151	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,252,681	3,925,845
19	Revenue less expenses. Subtract line 18 from line 12	10,027,550	11,142,511	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,396,074	552,470
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	120,714,045	123,187,461
			1,421,897	1,187,771
			119,292,148	121,999,690

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	BRAD WARD, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	NICOLE FISHBACK	NICOLE FISHBACK	07/15/2026		P01279475
	Firm's name FORVIS MAZARS, LLP	Firm's EIN 44-0160260			
	Firm's address 820 MASSACHUSETTS AVE SUITE 1370, INDIANAPOLIS, IN 46204	Phone no. (317) 383-4000			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒

- 1** Briefly describe the 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.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,337,170 including grants of \$ 3,064,450) (Revenue \$ 431,292)

INDIANA LANDMARKS' PRIMARY MISSION IS THE EDUCATION AND ADVOCATION OF PRESERVATION OF HISTORIC
SITES IN THE STATE OF INDIANA. THIS IS CARRIED OUT THROUGH REGIONAL OFFICES LOCATED THROUGHOUT
THE STATE, THROUGH OUR BLACK HERITAGE PRESERVATION PROGRAM AND OUR SACRED PLACES INDIANA
PROGRAM. THESE PROGRAMS FOCUS ON NURTURING LOCAL PRESERVATION INITIATIVES. INDIANA LANDMARKS'
STAFF PROVIDE EXPERTISE IN RESTORATION TECHNIQUES, REAL ESTATE AND ECONOMIC DEVELOPMENT,
ORGANIZATIONAL AND LEADERSHIP DEVELOPMENT, FUNDRAISING AND ZONING. THE ORGANIZATION ENDEAVORS TO
PROMOTE A PRESERVATION ETHIC BY PARTNERING WITH AND ENGAGING CITIZENS AT THE LOCAL LEVEL,
EMPOWERING THEM TO PROTECT AND PRESERVE THEIR HERITAGE AND THE FUTURE OF THEIR COMMUNITIES.

4b (Code:) (Expenses \$ 1,331,829 including grants of \$) (Revenue \$ 4,175)

INDIANA LANDMARKS OWNS SEVEN HISTORIC PROPERTIES LOCATED THROUGHOUT THE STATE OF INDIANA. THE
1865 MORRIS BUTLER HOUSE IN INDIANAPOLIS HIGHLIGHTS ARCHITECTURE OF THE NINETEENTH CENTURY.
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 PROPERTIES, INDIANA LANDMARKS OWNS AND MAINTAINS
FIVE OTHER HISTORIC BUILDINGS WHICH HAVE BEEN RESTORED AND FUNCTION AS OFFICE FOR THE
ORGANIZATION. ALL 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.

4c (Code:) (Expenses \$ 755,684 including grants of \$) (Revenue \$ 302,131)

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 SPRING 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.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$ 1,350)

4e Total program service expenses 9,424,683

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
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 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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 ✓	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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	✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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 ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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 ✓	
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	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 ✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 80	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	55
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 37		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 36		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6	✓	
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	✓	
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	✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
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	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
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?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
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 with a taxable entity during the year?	16a	✓
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
MADONNA WAGNER, 1201 CENTRAL AVENUE, INDIANAPOLIS, IN 46202-2656, (317) 639-4534

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- 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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J. MARSHALL DAVIS PRESIDENT (END 04/2025)	50.0 1.0	✓		✓				239,097	0	34,921
(2) MARK DOLLASE VP OF PRESERVATION SERVICES	50.0 0.0					✓		133,785	0	20,641
(3) MADONNA WAGNER VP & CFO	50.0 1.0			✓				138,219	0	12,146
(4) BRAD WARD PRESIDENT (START 04/2025)	50.0 1.0	✓		✓				0	0	0
(5) DORIS ANNE SADLER PAST CHAIR	0.3 0.0	✓		✓				0	0	0
(6) EMILY HARRISON SECRETARY	0.5 0.0	✓		✓				0	0	0
(7) GREGORY S FEHRIBACH BOARD CHAIR	0.5 0.0	✓		✓				0	0	0
(8) HILARY BARNES VICE CHAIR	0.5 0.0	✓		✓				0	0	0
(9) RALPH NOWAK TREASURER	0.5 0.0	✓		✓				0	0	0
(10) A'LELIA BUNDLES DIRECTOR	0.3 0.0	✓						0	0	0
(11) BEAU ZOELLER DIRECTOR	0.3 0.0	✓						0	0	0
(12) BEAU ZOELLER DIRECTOR	0.3 0.0	✓						0	0	0
(13) BRETT D MCKAMEY DIRECTOR	0.3 0.0	✓						0	0	0
(14) BRUCE BUCHANAN DIRECTOR	0.3 0.0	✓						0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRUCE RIPPE DIRECTOR	0.3 0.0	☒						0	0	0
(16) CHARLIE SHOOK DIRECTOR	0.3 0.0	☒						0	0	0
(17) CHARLITA WINSTON DIRECTOR	0.3 0.0	☒						0	0	0
(18) CHERI DICK DIRECTOR	0.3 0.0	☒						0	0	0
(19) DAVID A HAIST DIRECTOR	0.3 0.0	☒						0	0	0
(20) DAVID A. RESNICK, CPA DIRECTOR	0.3 0.0	☒						0	0	0
(21) ELLEN SWISHER CRABB DIRECTOR	0.3 0.0	☒						0	0	0
(22) JAMES W RENNE DIRECTOR	0.3 0.0	☒						0	0	0
(23) JOSHUA A CLAYBOURN DIRECTOR	0.3 0.0	☒						0	0	0
(24) KERT TOLER DIRECTOR	0.3 0.0	☒						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								511,101	0	67,708
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								511,101	0	67,708
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								3		

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	☐	☒
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? <i>If "Yes," complete Schedule J for such individual</i>	☒	☐
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	☐	☒

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
BRANDT CONSTRUCTION, INC., 330 E. SAINT JOSEPH ST., INDIANAPOLIS, IN 46202	RENOVATIONS & REPAIRS	431,009
KAMMERLING CONSTRUCTION LLC, 850 OVERSTREET ST, FRANKLIN, IN 46131	RENOVATIONS & REPAIRS	399,437
PROPER RESTORATIONS LLC, 739 S THOMPSON ROAD, LEXINGTON, IN 47138	RENOVATIONS & REPAIRS	224,654
MIDWEST RESTORATION INC, 567 FAIRWAY DRIVE, INDIANAPOLIS, IN 46260	RENOVATIONS & REPAIRS	175,820
MICHAELIS CORPORATION, 1102 W 16TH ST, INDIANAPOLIS, IN 46202	RENOVATIONS & REPAIRS	135,516
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	6	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	145,700			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	114,425			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,181,907			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 165,147			
	h	Total. Add lines 1a-1f		3,442,032			
	Program Service Revenue						
2a	TOUR INCOME	Business Code	713990	156,328	156,328		
b	CONSULTING INCOME		611710	136,403	136,403		
c	TICKET SALES		713990	108,925	108,925		
d	OTHER		900099	322,368	322,368		
e							
f	All other program service revenue			0	0	0	0
g	Total. Add lines 2a-2f			724,024			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,919,942		2,919,942
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	167,073			
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)		167,073	0		
	d	Net rental income or (loss)			167,073		167,073
	7a	Gross amount from sales of assets other than inventory	(i) Securities	17,315,346	584,951		
	b	Less: cost or other basis and sales expenses	(ii) Other	12,501,965	1,088,752		
	c	Gain or (loss)		4,813,381	(503,801)		
	d	Net gain or (loss)			4,309,580	(503,801)	4,813,381
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		253,571			
	b	Less: cost of goods sold		122,591			
	c	Net income or (loss) from sales of inventory			130,980	13,574	117,406
Miscellaneous Revenue	11a	ADVERTISING	Business Code	541800	1,350	1,350	
	b						
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		1,350			
	12	Total revenue. See instructions		11,694,981	233,797	118,756	7,900,396

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, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,040,335	3,040,335		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,115	24,115		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	424,383	111,243	229,707	83,433
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,886,368	2,415,605	301,428	169,335
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,459	119,469	25,693	11,297
9 Other employee benefits	455,164	286,219	148,232	20,713
10 Payroll taxes	229,842	175,126	39,528	15,188
11 Fees for services (nonemployees):				
a Management				
b Legal	128,197	128,197		
c Accounting	85,640		85,640	
d Lobbying	26,000	26,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	203,602		203,602	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	640,756	624,204	13,781	2,771
12 Advertising and promotion	84,220	65,290	2,676	16,254
13 Office expenses	127,309	68,423	45,752	13,134
14 Information technology	22,228	18,545	3,683	
15 Royalties				
16 Occupancy	624,014	577,439	39,800	6,775
17 Travel	490,800	360,786	42,860	87,154
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,344	6,827	517	
20 Interest	1,151		1,151	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	690,390	652,030	38,360	
23 Insurance	228,605	203,970	24,635	
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.)				
a <u>REPAIRS & MAINTENANCE</u>	389,831	387,767	2,064	
b <u>DUES & SUBSCRIPTIONS</u>	22,872	9,617	13,255	
c <u>SALES TAX</u>	48,180	48,180		
d <u>TOURS & EXHIBITS</u>	26,854	26,843		11
e All other expenses	77,852	48,453	29,313	86
25 Total functional expenses. Add lines 1 through 24e	11,142,511	9,424,683	1,291,677	426,151
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	4,582,353	2	2,594,954
	3 Pledges and grants receivable, net	69,733	3	38,365
	4 Accounts receivable, net	840,179	4	318,233
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	410,147	7	852,988
	8 Inventories for sale or use	83,067	8	106,128
	9 Prepaid expenses and deferred charges	97,912	9	97,166
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,350,351		
	b Less: accumulated depreciation	10b 10,708,410		
	11 Investments—publicly traded securities	13,975,597	10c	13,641,941
	12 Investments—other securities. See Part IV, line 11	91,211,031	11	94,324,360
	13 Investments—program-related. See Part IV, line 11	4,266,523	12	5,205,503
	14 Intangible assets	4,873,236	13	5,340,556
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	304,267	15	667,267	
	120,714,045	16	123,187,461	
Liabilities	17 Accounts payable and accrued expenses	1,288,833	17	756,130
	18 Grants payable		18	
	19 Deferred revenue	133,064	19	123,892
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	307,749
	26 Total liabilities. Add lines 17 through 25	1,421,897	26	1,187,771
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,756,833	27	38,777,523
	28 Net assets with donor restrictions	89,535,315	28	83,222,167
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	119,292,148	32	121,999,690
33 Total liabilities and net assets/fund balances	120,714,045	33	123,187,461	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,694,981
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,142,511
3	Revenue less expenses. Subtract line 2 from line 1	3	552,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,292,148
5	Net unrealized gains (losses) on investments	5	2,133,380
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	21,692
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,999,690

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

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Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARTIN E RAHE ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(26) MELISSA GLAZE ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(27) MIKE CORBETT ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(28) OLON F DOTSON ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(29) PETER J SACOPULOS ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(30) RANDALL T SHEPARD ----- HONORARY CHAIR	0.5 ----- 0.0	✓						0	0	0
(31) RAY ONTKO ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(32) REGINA L EMBERTON ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(33) REV JENNIFER BASKERVILLE-BURROWS ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(34) RICK L JAMES ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(35) RON BATEMAN ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(36) SARAH EVANS BARKER ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(37) SHELBY MORAVEC ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(38) SUSAN MENDENHALL ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(39) THOMAS ENGLE ----- ASSISTANT SECRETARY	0.5 ----- 0.0	✓						0	0	0
(40) TOSHA HUDDLESTON ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(41) TRACY HADDAD ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(42) TYRELL ANDERSON ----- DIRECTOR	0.3 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Part I 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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.
 - a ☐ **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.**
 - 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.**
 - 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.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Cat. No. 11285F

Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,338,072	7,688,447	12,808,169	7,088,901	3,442,032	34,365,621
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,338,072	7,688,447	12,808,169	7,088,901	3,442,032	34,365,621
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)						16,056,439
6 Public support. Subtract line 5 from line 4						18,309,182

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3,338,072	7,688,447	12,808,169	7,088,901	3,442,032	34,365,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,304,806	1,675,036	2,200,975	2,971,725	3,087,015	11,239,557
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						45,605,178
12 Gross receipts from related activities, etc. (see instructions)					12	9,487,922
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	40.15 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	39.00 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33¹/₃% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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 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		

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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		

Section 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 instructions).			
a ☐ 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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
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. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide 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 responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Organization type (check one):

Filers of:

Section:

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 $\frac{1}{3}$ % 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 totaling \$5,000 or more during the year \$ _____

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).

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>249,680</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>200,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>406,588</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>130,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>100,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>75,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>69,812</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>85,500</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>70,000</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

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
8	HISTORIC BUILDING	\$ 85,500	12/03/2024
9	RESIDENTIAL REAL ESTATE	\$ 70,000	11/05/2024
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

OMB No. 1545-0047

2024

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions \$
- Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Cat. No. 50084S

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		32,462
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			32,462
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1G - CONTACT	LOBBYING EFFORTS WERE FOCUSED ON THE INDIANA TAX CODE AND THE EXPANSION OF THE HISTORIC TAX CREDIT.

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part 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). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☒ Preservation of a certified historic structure ☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a 161
b	Total acreage restricted by conservation easements	2b 518.90
c	Number of conservation easements on a certified historic structure included on line 2a	2c 161
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d 8
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	0
4	Number of states where property subject to conservation easement is located	1
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☒ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	477
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$ 91,390
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☒ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 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 these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, 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.	
a	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,189,235	67,821,724	63,820,596	72,952,977	57,190,149
b Contributions	845,678	890,596	1,085,191	4,402,610	5,536,477
c Net investment earnings, gains, and losses	8,302,705	12,168,951	6,125,347	(9,910,603)	13,390,042
d Grants or scholarships					
e Other expenditures for facilities and programs	3,991,260	490,928	3,058,683	3,397,338	2,998,585
f Administrative expenses	203,601	201,108	150,727	227,050	165,106
g End of year balance	85,142,757	80,189,235	67,821,724	63,820,596	72,952,977

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 20.68 %

b Permanent endowment 28.09 %

c Term endowment 51.23 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? **3a(i)** ☐ Yes ☒ No

(ii) Related organizations? **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		610,774		610,774
b Buildings		21,043,607	8,672,297	12,371,310
c Leasehold improvements		234,510	47,829	186,681
d Equipment		1,162,773	1,019,080	143,693
e Other		1,298,687	969,204	329,483
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,641,941

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER	307,749
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	307,749

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 ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,774,907
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,133,380
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,150,148
e	Add lines 2a through 2d	2e	3,283,528
3	Subtract line 2e from line 1	3	11,491,379
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	203,602
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	203,602
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,694,981

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,344,786
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	405,877
e	Add lines 2a through 2d	2e	405,877
3	Subtract line 2e from line 1	3	10,938,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	203,602
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	203,602
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,142,511

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE STATEMENT](#)

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	INCOME FROM SUBSIDIARY OPERATIONS	1,005,865
	INVENTORY EXPENSE	122,591
	CHANGE IN BENEFICIAL INTEREST	21,692
	TOTAL	1,150,148
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	EXPENSES FROM SUBSIDIARY OPERATIONS	283,286
	INVENTORY EXPENSE	122,591
	TOTAL	405,877

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART II, LINE 5 - CONSERVATION EASEMENTS POLICY	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.
SCHEDULE D, PART II, LINE 9 - CONSERVATION EASEMENTS FINANCIAL REPORTING	CONSERVATION EASEMENTS ARE ACCOMPANIED BY A CONTRIBUTION TO FUND DESIGNATED 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.
SCHEDULE D, PART V, LINE 4 - INTENDED USES 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 4.5% OF THE ENDOWMENT'S AVERAGE MARKET VALUE OVER A ROLLING TWENTY QUARTERS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2025.
SCHEDULE D, PART XI - 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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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 AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	5,205,503
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			5,205,503
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,205,503

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

Cat. No. 50082W

Schedule F (Form 990) (Rev. 1-2025)

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3

Enter total number of other organizations or entities

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)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV 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 ☒ No
- 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 ☒ No
- 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)* ☒ Yes ☐ No
- 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)* ☒ Yes ☐ 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 ☒ No
- 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 ☒ No

Schedule F (Form 990) (Rev. 1-2025)

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL

SCHEDULE I
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

Name of the organization HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC	Employer identification number 35-1162873
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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ZION UNITED CHURCH OF CHRIST 8916 E TROY AVENUE, INDIANAPOLIS, IN 46239	35-1561386	501C3	5,005				(SEE STATEMENT)
(2) ST LUKES UNITED CHURCH OF CHRIST 329 WALNUT STREET, JEFFERSONVILLE, IN 47130	35-0901292	501C3	6,150				(SEE STATEMENT)
(3) (SEE STATEMENT)	35-0975634	501C3	6,462				(SEE STATEMENT)
(4) VAN BUREN MISSIONARY BAPTIST CHURCH INC 2585 VAN BUREN STREET, GARY, IN 46407	35-1850338	501C3	7,000				(SEE STATEMENT)
(5) (SEE STATEMENT)	35-6001063	GOVERNMENT	7,500				(SEE STATEMENT)
(6) (SEE STATEMENT)	35-6048217	501C3	7,500				(SEE STATEMENT)
(7) (SEE STATEMENT)	87-4757002	501C3	7,500				(SEE STATEMENT)
(8) (SEE STATEMENT)	35-1525508	501C3	8,500				PLANNING GRANT
(9) (SEE STATEMENT)	32-0130405	C CORP	9,000				(SEE STATEMENT)
(10) THOMAS TEMPLE CHURCH OF GOD IN CHRIST PO BOX 374, TOLEDO, OH 43697	34-1843525	501C3	9,000				(SEE STATEMENT)
(11) ST MARKS UNITED CHURCH OF CHRIST 222 E SPRING STREET, NEW ALBANY, IN 47150	35-0876365	501C3	9,250				(SEE STATEMENT)
(12) (SEE STATEMENT)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							66
3 Enter total number of other organizations listed in the line 1 table							5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 GRANT TO FUND FACADE IMPROVEMENTS	2	5,335			
2 (SEE STATEMENT)	1	16,280			
3 GRANT TO FUND SPEAKER	1	2,500			
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.
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(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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 non-cash assistance	(h) Purpose of grant or assistance
(12) G & R EXCAVATING INC 1611 W 236TH STREET, SHERIDAN, IN 46069	20-3127079	S CORP	10,000				GRANT TO FUND FACADE IMPROVEMENTS
(13) KATIE HALL EDUCATIONAL FOUNDATION INC 2011 MADISON STREET, GARY, IN 46407	90-0923083	501C3	10,000				GRANT TO FUND CONDITION ASSESSMENT & PLANNING
(14) ONE VISION IN CHRIST COMMUNITY BAPTIST CHURCH 6580 E 46TH STREET, INDIANAPOLIS, IN 46226	35-2064186	501C3	10,000				GRANT TO FUND HVAC UNIT
(15) SHAFFER CHAPEL AFRICAN METHODIST EPISCOPAL 1501 E HIGHLAND AVENUE, MUNCIE, IN 47303	80-0558912	501C3	10,000				GRANT TO FUND CHAIR LIFT
(16) THE OAKS ACADEMY INC 1301 E 16TH STREET, INDIANAPOLIS, IN 46202	35-2050595	501C3	10,000				GRANT TO FUND MEMORIAL
(17) WAYMAN CHAPEL AME CHURCH 989 N 500 W, PRINCETON, IN 47670	35-1850744	501C3	10,000				GRANT TO FUND GEOTECHNICAL BORING REPORT & HISTORICAL RESEARCH
(18) WEST STREET CHRISTIAN CHURCH 132 N WEST STREET, TIPTON, IN 46072	35-0919337	501C3	11,726				PLANNING GRANT
(19) NEW CIRCLE CHURCH 3421 N PARK AVENUE, INDIANAPOLIS, IN 46205	47-1465724	501C3	12,000				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(20) ALL SOULS UNITARIAN CHURCH 5805 E 56TH STREET, INDIANAPOLIS, IN 46226	35-0941103	501C3	12,500				PLANNING GRANT FOR ROOF REPLACEMENT
(21) EDEN CHURCH 11205 N STATE RD 3, MUNCIE, IN 47303	35-1362188	501C3	12,500				PLANNING GRANT FOR BUILDING PRESERVATION & IMPROVEMENTS
(22) FIRST BAPTIST CHURCH 411 N 7TH STREET, LAFAYETTE, IN 47901	35-1042686	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(23) FRIEDENS UNITED CHURCH OF CHRIST 8300 S MERIDIAN STREET, INDIANAPOLIS, IN 46217	35-6020751	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(24) IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVENUE, INDIANAPOLIS, IN 46219-6460	35-0868021	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(25) OUR LADY OF HUNGARY CATHOLIC CHURCH AND SCHOOL 731 W CALVERT STREET, SOUTH BEND, IN 46613	35-0907308	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(26) ROBERTS PARK UMC INC 401 N DELAWARE STREET, INDIANAPOLIS, IN 46204	35-0890899	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING

(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 non-cash assistance	(h) Purpose of grant or assistance
(27) ST PAUL LUTHERAN CHURCH OF OLEAN 5869 S STATE ROAD 129, VERSAILLES, IN 47042	99-1710225	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(28) ST PAULS EPISCOPAL CHURCH 1015 E MAIN STREET, NEW ALBANY, IN 47150	35-1048225	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(29) ST STANISLAUS BISHOP AND MARTYR CATHOLIC CHURCH 415 N BROOKVILLE STREET, SOUTH BEND, IN 46628	35-0915466	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(30) TRINITY EPISCOPAL CHURCH 611 W BERRY STREET, FORT WAYNE, IN 46802	32-0089598	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(31) WOODRUFF PLACE BAPTIST CHURCH 1739 E MICHIGAN STREET, INDIANAPOLIS, IN 46201	35-0906498	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(32) INDIANA HUMANITIES 1500 N DELWARE STREET, INDIANAPOLIS, IN 46201	35-1344382	501C3	15,000				HISTORIC PRESERVATION EDUCATION GRANT
(33) RESURRECTION COMMUNITY CHURCH INC 2502 E 38TH STREET, INDIANAPOLIS, IN 46218	35-1791303	501C3	16,485				GRANT TO FUND DOOR REPLACEMENTS
(34) BALL STATE UNIVERSITY 2000 W UNIVERSITY AVENUE, MUNCIE, IN 47306	35-6000221	501C3	16,922				GRANT TO FUND BUILDING CONDITION ASSESSMENT & GRANT TO FUND SCHOLARSHIP
(35) FIRST UNITD CHURCH INC 2420 E THIRD STREET, BLOOMINGTON, IN 47402	35-2128159	501C3	19,074				GRANT TO FUND ROOF REPLACEMENT
(36) CITY OF BLOOMINGTON 401 N MORTON STREET, BLOOMINGTON, IN 47404	35-6000954	GOVERNMENT	20,000				GRANT TO FUND ROOF REPAIRS
(37) ZION HOPE BAPTIST CHURCH 5950 E 46TH STREET, INDIANAPOLIS, IN 46226	35-1522699	501C3	20,000				GRANT TO FUND BUILDING FOUNDATION REPAIRS
(38) LOUIS JOYNER ARCHITECT LLC 417 7TH STREET, COLUMBUS, IN 47201		SINGLE MEMBER LLC	21,000				GRANT TO FUND NATIONAL HISTORIC LANDMARK INITIATIVE
(39) BETHLEHEM LUTHERAN CHURCH 3705 S ANTHONY BLVD, FORT WAYNE, IN 46806	35-0877560	501C3	23,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
(40) GOBIN MEMORIAL UNITED METHODIST CHURCH INC 307 SIMPSON STREET, GREENCASTLE, IN 46135	35-0868014	501C3	25,000				PLANNING GRANT - ROOF REPLACEMENT
(41) GREATER ST MARK MISSIONARY BAPTIST CHURCH 5502 E 38TH STREET, INDIANAPOLIS, IN 46218	56-2570150	501C3	25,000				GRANT TO FUND ROOF REPAIRS

(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 non-cash assistance	(h) Purpose of grant or assistance
(42) WABASH ECONOMIC GROWTH 401 E PIKE STREET, ATTICA, IN 47918	82-2467108	501C3	25,000				GRANT TO FUND AREA REVITALIZATION SUBGRANT PROGRAM
(43) WESTERN INDIANA COMMUNITY FOUNDATION INC 135 S STRINGTOWN ROAD, COVINGTON, IN 47932	35-1814927	501C3	25,000				GRANT TO ESTABLISH COUNTY PRESERVATION FUND
(44) GUIDANCE LIFESKILLS AND MENTORING INC PO BOX 88321, INDIANAPOLIS, IN 46208	45-1072642	C CORP	25,600				GRANT TO FUND ROOF REPLACEMENT
(45) PLAINFIELD FRIENDS MEETING 105 S EAST STREET, PLAINFIELD, IN 46168	35-1010423	501C3	30,425				GRANT TO FUND ROOF REPLACEMENT & ACCESSIBILITY IMPROVEMENTS
(46) HOPEWELL PRESBYTERIAN CHURCH 548 W 100 N, FRANKLIN, IN 46131	35-6056390	501C3	32,334				GRANT TO FUND EXTERIOR WALL RENOVATIONS
(47) MERIDIAN STREET UNITED METHODIST CHURCH 5500 N MERIDIAN STREET, INDIANAPOLIS, IN 46208	35-0976752	501C3	32,500				GRANT TO FUND CAPITAL IMPROVEMENTS
(48) PHILLIPS TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH 210 E 34TH STREET, INDIANAPOLIS, IN 46205	35-1578468	501C3	32,500				PLANNING GRANT & ROOF REPLACEMENT
(49) CICF CHARITABLE HOLDINGS LLC 615 N ALABAMA STREET STE 300, INDIANAPOLIS, IN 46204	82-5223648	501C3	35,000				PLANNING GRANT & NEW ROOF REPLACEMENT
(50) GOOD SAMARITAN BAPTIST CHURCH 608 E 22ND STREET, INDIANAPOLIS, IN 46202	35-1570311	501C3	35,000				GRANT TO FUND BUILDING CONDITION ASSESSMENT & ROOF REPAIRS
(51) ACHIEVE MARKETING 1103 WEA VALLEY DRIVE, LAFAYETTE, IN 47909	83-3292119	SINGLE MEMBER LLC	35,625				GRANT TO FUND AREA REVITALIZATION SUBGRANT PROGRAM
(52) MOUNT ZION BAPTIST CHURCH OF INDIANAPOLIS INC 3500 GRACELAND AVENUE, INDIANAPOLIS, IN 46208	35-1530818	501C3	41,978				GRANT TO FUND FACILITY ASSESSMENT & AIR CONDITIONER REPLACEMENT
(53) ST MARY BYZANTINE CATHOLIC CHURCH 2011 CLARK STREET, WHITING, IN 46394	35-0896901	501C3	45,000				GRANT TO FUND CAPITAL IMPROVEMENTS STAINED GLASS REPAIRS
(54) INDIANA BARN FOUNDATION 2238 N 500 E, URBANA, IN 46990	35-6032377	501C3	50,000				GRANT TO FUND LOCAL LEADERSHIP PROGRAM
(55) UNIVERSITY OF NOTRE DAME CONTROLLERS OFFICE, 724 GRACE HALL, NOTRE DAME, IN 46556	35-0868188	501C3	50,000				GRANT TO SUPPORT HERITAGE TRADE TRAINING CURRICULUM & WORKSHOPS
(56) TRINITY UNITED METHODIST CHURCH 509 N STREET, LAFAYETTE, IN 47901	35-0933554	501C3	53,105				GRANT TO FUND STAINED GLASS RESTORATION & WINDOW REPAIRS
(57) CENTRAL CHRISTIAN CHURCH - LEBANON 311 E MAIN STREET, LEBANON, IN 47901	35-6006864	501C3	62,500				GRANT TO FUND CAPITAL IMPROVEMENTS

(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 non-cash assistance	(h) Purpose of grant or assistance
(58) ST PAULS EVANGELICAL LUTHERAN CHURCH INC 556 W HAYSVILLE ROAD, JASPER, IN 47546	35-1605247	501C3	62,500				GRANT TO FUND CAPITAL IMPROVEMENTS
(59) SISTERS OF PROVIDENCE OF SAINT MARY OF THE WOODS 1 SISTERS OF PROVIDENCE, SAINT MARY OF THE WOOD, IN 47876	35-0868174	501C3	75,000				GRANT TO FUND CAPITAL IMPROVEMENTS
(60) NORTH UNITED METHODIST CHURCH INC 3808 N MERIDIAN STREET, INDIANAPOLIS, IN 46208	13-4055756	501C3	137,500				GRANT TO FUND EXTERIOR MASONRY & RESTORATION PROJECT
(61) PARK PLACE CHURCH OF GOD 501 COLLEGE DRIVE, ANDERSON, IN 46012	35-0869033	501C3	150,000				GRANT TO FUND STEEPLE TOWER & MASONRY RESTORATION
(62) ST STANISLAUS KOSTKA PARISH 1506 WASHINGTON STREET, MICHIGAN CITY, IN 46360	35-0929986	501C3	200,000				GRANT TO FUND BELL TOWER RESTORATION
(63) ST ADALBERT CATHOLIC CHURCH 2505 GRACE STREET, SOUTH BEND, IN 46619	35-1095958	501C3	207,500				PLANNING GRANT & TO FUND NEW ROOF
(64) ST JOSEPH CATHOLIC PARISH - MISHAWAKA 220 W 4TH STREET, MISHAWAKA, IN 46544	35-6000778	501C3	225,000				GRANT TO FUND SLATE ROOF REPLACEMENT
(65) BROADWAY UNITED METHODIST CHURCH INC 609 E 29TH STREET, INDIANAPOLIS, IN 46205	35-0872354	501C3	400,000				GRANT TO FUND BELL TOWER RESTORATION
(66) FIRST PRESBYTERIAN CHURCH - RICHMOND 100 N 10TH STREET, RICHMOND, IN 47274	35-1015292	501C3	7,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT
(67) FIRST CHRISTIAN CHURCH - LAFAYETTE 329 N 6TH STREET, LAFAYETTE, IN 47901	35-0868048	501C3	11,553				GRANT TO FUND CAPITAL IMPROVEMENTS
(68) FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) - BLOOMINGTON 205 E KIRKWOOD AVENUE, BLOOMINGTON, IN 47408	35-0876346	501C3	12,500				GRANT TO FUND BUILDING CONDITION ASSESSMENT
(69) FIRST PRESBYTERIAN CHURCH - MARTINSVILLE 240 E WASHINGTON STREET, MARTINSVILLE, IN 46151	35-1365963	501C3	17,300				GRANT TO FUND BUILDING CONDITION ASSESSMENT
(70) FIRST CHRISTIAN CHURCH - MARTINSVILLE 89 S MAIN STREET, MARTINSVILLE, IN 46151	35-1065061	501C3	37,500				GRANT TO FUND CAPITAL IMPROVEMENTS
(71) FIRST CHRISTIAN CHURCH - NEW CASTLE 2000 BUNDY AVENUE, NEW CASTLE, IN 47362	35-0942624	501C3	62,500				GRANT TO FUND CAPITAL IMPROVEMENTS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANTS ARE ADMINISTERED IN RESPONSE TO SPECIFIC WRITTEN REQUESTS FROM NONPROFIT AND 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)(3) UNDER THE IRS CODE.
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ST PETERS EVANGELICAL LUTHERAN CONGREGAION OF INDIAPOLIS IN 2525 E 11TH STREET, INDIANAPOLIS, IN 46201
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CITY OF INDIANAPOLIS 200 E WASHINGTON STREET STE 2201, INDIANAPOLIS, IN 46204
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAZELWOOD CHRISTIAN CHURCH 1400 W UNIVERSITY AVENUE, MUNCIE, IN 47303-3660
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SOUTH BEND TRADEWORKS INC 1523 SUNNYMEDE AVENUE, SOUTH BEND, IN 46615
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SAINTS CONSTANTINE AND ELENA ROMANIAN ORTHODOX CHURCH 3237 W 16TH STREET, INDIANAPOLIS, IN 46032
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LOST CREEK GROVE RESTORATION AND PRESERVATION FOUNDATION PO BOX 3507, TERRE HAUTE, IN 47803
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ZION UNITED CHURCH OF CHRIST : GRANT TO FUND NEW DOORS AND HVAC SYSTEM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ST LUKES UNITED CHURCH OF CHRIST: GRANT TO FUND BUILDING CONDITIONS ASSESSMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ST PETERS EVANGELICAL LUTHERAN CONGREGAION OF INDIAPOLIS IN: GRANT TO FUND BELL TOWER REHABILITATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	VAN BUREN MISSIONARY BAPTIST CHURCH INC: GRANT TO FUND EXTERIOR CHURCH PAINTING
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF INDIANAPOLIS: GRANT TO FUND BUILDING CONDITIONS ASSESSMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HAZELWOOD CHRISTIAN CHURCH: GRANT TO FUND BUILDING CONDITIONS ASSESSMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SOUTH BEND TRADEWORKS INC: GRANT TO FUND WINDOW AND DOOR RESTORATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LOST CREEK GROVE RESTORATION AND PRESERVATION FOUNDATION: GRANT TO FUND CONSULTANT FOR NATIONAL REGISTER NOMINATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THOMAS TEMPLE CHURCH OF GOD IN CHRIST: GRANT TO FUND EXTERIOR BUILDING RESTORATION GUTTER & DOWNSPOUTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ST MARKS UNITED CHURCH OF CHRIST: GRANT TO FUND BUILDING CONDITION ASSESSMENT & PLANNING
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	GRANT TO FUND CONSULTANT SERVICES FOR NATIONAL REGISTER NOMINEES

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Part I 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. <table><tr><td>☐ First-class or charter travel</td><td>☒ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☒ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☒ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☒ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☒ 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	☒									
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?	☒									
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. <table><tr><td>☒ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☐ Compensation survey or study</td></tr><tr><td>☒ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☒ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☐ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☒ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☐ Compensation survey or study									
☒ Form 990 of other organizations	☒ 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: a Receive a severance payment or change-of-control payment?		☒								
b Participate in or receive payment from a supplemental nonqualified retirement plan?		☒								
c Participate in or receive payment from an equity-based compensation arrangement?		☒								
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: a The organization?		☒								
b Any related organization?		☒								
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: a The organization?		☒								
b Any related organization?		☒								
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		☒								
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 in Part III		☒								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	J. MARSHALL DAVIS PRESIDENT (END 04/2025)	239,097	0	0	19,201	15,720	274,018	0
		0	0	0	0	0	0	0
2	MARK DOLLASE VP OF PRESERVATION SERVICES	133,785	0	0	10,985	9,656	154,426	0
		0	0	0	0	0	0	0
3	MADONNA WAGNER VP & CFO	138,219	0	0	2,800	9,346	150,365	0
		0	0	0	0	0	0	0
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE PRESIDENT IS REQUIRED TO SERVE AS A RESIDENT OF A HOUSE LOCATED AT 1028 DELAWARE, INDIANAPOLIS IN. HE HOSTS 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. MOST OF THESE RESPONSIBILITIES ARE OUTSIDE REGULAR BUSINESS HOURS. THIS BENEFIT IS NOT TAXABLE TO HIM.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	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.
SCHEDULE J, PART I, LINE 3	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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	1	10,147	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	✓	1	70,000	MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other	✓	1	85,500	MARKET VALUE
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 ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN THIS COLUMN.
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	REAL ESTATE - RESIDENTIAL - CONTRIBUTIONS REAL ESTATE - OTHER - CHURCH CONTRIBUTIONS SECURITIES - PUBLICLY TRADED - CONTRIBUTIONS

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**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 Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number

35-1162873

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES INCLUDING GRANTS OF)(REVENUE \$1,350) INDIANA LANDMARKS PRODUCES SEVERAL PUBLICATIONS WHICH ARE 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 LANDMARKS AND TO THE GENERAL PUBLIC.						
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	NDIANA LANDMARKS IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 6,200 MEMBERS. THE MEMBERSHIP IS OPEN TO THE GENERAL PUBLIC.						
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE MEMBERSHIP OF THE ORGANIZATION MEETS ONCE A YEAR TO ELECT THE BOARD OF DIRECTORS						
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY THE MEMBERSHIP.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE AUDIT COMMITTEE FOR THEIR INDIVIDUAL REVIEW. THE PAID TAX PREPARER THEN REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE WHICH INCLUDES A DETAILED DISCUSSION AND ANSWERING OF ALL QUESTIONS POSED BY THE AUDIT COMMITTEE MEMBERS. AFTER THE AUDIT COMMITTEE APPROVES THE DRAFT, COPIES OF THE FORM 990 ARE PROVIDED TO ALL VOTING MEMBERS OF BOARD BEFORE BEING FILED WITH THE IRS.						
FORM 990, PART VI, LINE 12C - 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, THEY MUST ABSTAIN FROM VOTING. IF APPROPRIATE, INDEPENDENT SOURCES WILL BE CONSULTED TO DETERMINE THAT ANY TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION.						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION OF THE CORPORATION'S PRESIDENT/CEO IS DETERMINED ANNUALLY BY A PERFORMANCE EVALUATION CONDUCTED BY AN EXECUTIVE COMPENSATION COMMITTEE COMPRISED OF THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY AND TREASURER. ANNUALLY THE CFO PRODUCES FOR THE EXECUTIVE COMPENSATION COMMITTEE A SURVEY OF COMPARABLE EXECUTIVE COMPENSATION LEVELS. THE ORGANIZATION USES CURRENT SALARY SURVEYS TO EVALUATE COMPENSATION OF THE NON-OFFICER KEY EMPLOYEES. ALL SALARIES ARE REVIEWED ON AN ANNUAL BASIS. COMPENSATION WAS LAST REVIEWED JANUARY 2025.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND 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 OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>CHANGE IN BENEFICIAL INTEREST IN ASSET HELD BY CICF</td><td>21,692</td></tr><tr><td>TOTAL</td><td>21,692</td></tr></table>	(a) Description	(b) Amount	CHANGE IN BENEFICIAL INTEREST IN ASSET HELD BY CICF	21,692	TOTAL	21,692
(a) Description	(b) Amount						
CHANGE IN BENEFICIAL INTEREST IN ASSET HELD BY CICF	21,692						
TOTAL	21,692						

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC	Employer identification number 35-1162873
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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 LANDARKS FOUNDATION OF INDIANA	✓	
(2) PRESERVATION TRUST FOR INDIANA LANDMARKS INC. (33-1721609) 1201 CENTRAL AVENUE, INDIANAPOLIS, IN 46202	FUNDRAISING	IN	501(C)(3)	12 TYPE I	HISTORIC LANDARKS FOUNDATION OF INDIANA	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

(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	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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.

(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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) (Rev. 1-2025)

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
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PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue ServiceFor calendar year 2024 or other tax year beginning 09/01, 2024, and ending 08/31, 20 25Go to www.irs.gov/Form990T for instructions and the latest information.

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

**Open to Public Inspection
for 501(c)(3)
Organizations Only**

A ☐ Check box if address changed.	Print or Type	Name of organization (☐ Check box if name changed and see instructions.) <u>HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC</u>	D Employer identification number <u>35-1162873</u>
B Exempt under section ☒ 501(<u>C</u>)(<u>3</u>) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <u>1201 CENTRAL AVENUE</u>	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <u>INDIANAPOLIS, IN 46202-2656</u>	F ☐ Check box if an amended return.
		C Book value of all assets at end of year <u>123,187,461</u>	
G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐			
J Enter the number of attached Schedules A (Form 990-T) <u>2</u>			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of <u>(SEE STATEMENT)</u>		Telephone number <u>(317) 639-4534</u>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	<u>0</u>
2 Reserved	2	
3 Add lines 1 and 2	3	<u>0</u>
4 Charitable contributions (see instructions for limitation rules)	4	<u>0</u>
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	<u>0</u>
6 Deduction for net operating loss. See instructions	6	<u>0</u>
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	<u>0</u>
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	<u>0</u>
9 Trusts. Section 199A deduction. See instructions	9	<u>0</u>
10 Total deductions. Add lines 8 and 9	10	<u>0</u>
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	<u>0</u>

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	<u>0</u>
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	<u>0</u>
4a Amount from Form 4255, Part I, line 3, column (q)	4a	<u>0</u>
b Other tax amounts. See instructions	4b	<u>0</u>
5 Alternative minimum tax	5	<u>0</u>
6 Tax on noncompliant facility income. See instructions	6	<u>0</u>
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	<u>0</u>

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	<u>0</u>	
b Other credits (see instructions)	1b	<u>0</u>	
c General business credit. Attach Form 3800 (see instructions)	1c	<u>0</u>	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e	<u>0</u>	
2 Subtract line 1e from Part II, line 7	2	<u>0</u>	
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e	<u>0</u>	
f Total amounts due. Add lines 3a through 3e	3f	<u>0</u>	
4 Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4	<u>0</u>	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2024)

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0	
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	0	
c	Tax deposited with Form 8868	6c	0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0	
e	Backup withholding (see instructions)	6e	0	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0	
g	Elective payment election amount from Form 3800	6g	0	
h	Payment from Form 2439	6h	0	
i	Credit from Form 4136	6i	0	
j	Other (see instructions)	6j	0	
7	Total payments. Add lines 6a through 6j	7		0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	8		0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		0
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 0 Refunded	11		0

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0		
4 Enter available pre-2018 NOL carryovers here \$ 447,932. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
453220	\$ 488,137	
901101	\$ 498,787	
541800	\$ 26,471	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No	
Paid Preparer Use Only	Print/Type preparer's name NICOLE FISHBACK	Preparer's signature NICOLE FISHBACK	Date 07/15/2026	Check ☐ if self-employed	PTIN P01279475
	Firm's name FORVIS MAZARS, LLP	Firm's EIN 44-0160260		Phone no. (317) 383-4000	
	Firm's address 820 MASSACHUSETTS AVE SUITE 1370, INDIANAPOLIS, IN 46204				

Form **990-T** (2024)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC	B Employer identification number 35-1162873
C Unrelated business activity code (see instructions) 541800	D Sequence: 1 of 2

E Describe the unrelated trade or business ADVERTISING

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0	1c 0		
2 Cost of goods sold (Part III, line 8)		2 0		
3 Gross profit. Subtract line 2 from line 1c		3 0		0
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a 0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b 0		0
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5 0		0
6 Rent income (Part IV)		6 0	0	0
7 Unrelated debt-financed income (Part V)		7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8 0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9 0	0	0
10 Exploited exempt activity income (Part VIII)		10 0	0	0
11 Advertising income (Part IX)		11 1,350	6,194	(4,844)
12 Other income (see instructions; attach statement)		12 0		0
13 Total. Combine lines 3 through 12		13 1,350	6,194	(4,844)

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	0
2 Salaries and wages		2	0
3 Repairs and maintenance		3	0
4 Bad debts		4	0
5 Interest (attach statement). See instructions		5	0
6 Taxes and licenses		6	0
7 Depreciation (attach Form 4562). See instructions	7	0	
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b 0
9 Depletion		9	0
10 Contributions to deferred compensation plans		10	0
11 Employee benefit programs		11	0
12 Excess exempt expenses (Part VIII)		12	0
13 Excess readership costs (Part IX)		13	0
14 Other deductions (attach statement)		14	0
15 Total deductions. Add lines 1 through 14		15	0
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	(4,844)
17 Deduction for net operating loss. See instructions		17	0
18 Unrelated business taxable income. Subtract line 17 from line 16		18	(4,844)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 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				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c 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 through D). Enter here and on Part I, line 7, column (A)				0
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, column (B)				0
11 Total dividends — received deductions included in line 10				0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	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)					

7. Taxable income	8. Net unrelated income (loss) (see 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).
			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount 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	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7
		0

Schedule A (Form 990-T) 2024

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.**A** ☐ INDIANA PRESERVATION**B** ☐**C** ☐**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	1,350			
a Add columns A through D. Enter here and on Part I, line 11, column (A)				1,350
3 Direct advertising costs by periodical	6,194			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				6,194
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	(4,844)			
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 less than line 6, enter -0-				
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	0			
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC	B Employer identification number 35-1162873
C Unrelated business activity code (see instructions) 453220	D Sequence: 2 of 2

E Describe the unrelated trade or business SALE OF MERCHANDISE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 228,458			
b	Less returns and allowances 0 c Balance	1c 228,458		
2	Cost of goods sold (Part III, line 8)	2 111,052		
3	Gross profit. Subtract line 2 from line 1c	3 117,406		117,406
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 0		0
6	Rent income (Part IV)	6 0	0	0
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 117,406	0	117,406

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		0
2 Salaries and wages	2		101,957
3 Repairs and maintenance	3		0
4 Bad debts	4		0
5 Interest (attach statement). See instructions	5		0
6 Taxes and licenses	6		0
7 Depreciation (attach Form 4562). See instructions	7	0	
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b 0
9 Depletion	9		0
10 Contributions to deferred compensation plans	10		0
11 Employee benefit programs	11		0
12 Excess exempt expenses (Part VIII)	12		0
13 Excess readership costs (Part IX)	13		0
14 Other deductions (attach statement)	14		58,442
15 Total deductions. Add lines 1 through 14	15		160,399
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		(42,993)
17 Deduction for net operating loss. See instructions	17		0
18 Unrelated business taxable income. Subtract line 17 from line 16	18		(42,993)

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold		Enter method of inventory valuation	INVENTORIES AT COST	
1	Inventory at beginning of year	1	0	
2	Purchases	2	111,052	
3	Cost of labor	3	0	
4	Additional section 263A costs (attach statement)	4	0	
5	Other costs (attach statement)	5	0	
6	Total. Add lines 1 through 5	6	111,052	
7	Inventory at end of year	7	0	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	111,052	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No			

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)					
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A ☐ _____ B ☐ _____ C ☐ _____ D ☐ _____	A	B	C	D
2	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				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)					
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A ☐ _____ B ☐ _____ C ☐ _____ D ☐ _____	A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	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 through D). Enter here and on Part I, line 7, column (A)				0
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, column (B)				0
11	Total dividends — received deductions included in line 10				0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	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)					
7. Taxable income	8. Net unrelated income (loss) (see 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)					
				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).
Totals				0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount 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)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- 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 less than line 6, enter -0-				
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				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI **Supplemental Information** (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	MADONNA WAGNER, 1201 CENTRAL AVENUE, INDIANAPOLIS, IN 46202-2656

Description	Amount
SALE OF MERCHANDISE	
(1) RENT EXPENSE	15,056
(2) LICENSES & FEES	16,992
(3) SUPPLIES	7,305
(4) INSURANCE	2,300
(5) OTHER MISCELLANEOUS EXPENSES (POSTAGE, TRAVEL)	3,402
(6) BANK FEES	11,645
(7) ACCOUNTING FEES	1,742
Total	58,442

ADVERTISING		
(1) INDIANA PRESERVATION	Description	Amount
	INCOME	1,350
	Total	1,350

ADVERTISING

(1) INDIANA PRESERVATION

Description	Amount
COST	6,194
Total	6,194

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: 35-1162873
Year-End: 08/31/2025

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

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. §1.263(A)-1(F) FOR THE FOLLOWING MEMBERS OF THE CONSOLIDATED GROUP FILING A CONSOLIDATED INCOME TAX RETURN.

Historic Landmarks Foundation of Indiana, Inc
EIN: 35-1162873
Year End: 8/31/2025
990-T NOL Attachment - Pre-2018 NOL

Year Ending	Amount Generated	Amount Utilized	Carryover to Next Year
8/31/2006	(5,765)	244	(5,521)
8/31/2007	(24,977)	-	(30,498)
8/31/2008	(38,794)	-	(69,292)
8/31/2009	(63,799)	-	(133,091)
8/31/2010	(40,577)	-	(173,668)
8/31/2011	(29,353)	-	(203,021)
8/31/2012	(10,285)	-	(213,306)
8/31/2013	(25,988)	-	(239,294)
8/31/2014	(39,639)	-	(278,933)
8/31/2015	(41,095)	-	(320,028)
8/31/2016	(44,690)	-	(364,718)
8/31/2017	(34,032)	-	(398,750)
8/31/2018	(48,938)	-	(447,688)

Historic Landmarks Foundation of Indiana, Inc
EIN: 35-1162873
Year End: 8/31/2025
990-T NOL Attachment - Advertising

Year Ending	Amount Generated	Amount Utilized	Carryover to 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)
8/31/2023	(5,657)	-	(20,759)
8/31/2024	(5,712)	-	(26,471)
8/31/2025	(4,844)	-	(31,315)

Historic Landmarks Foundation of Indiana, Inc
EIN: 35-1162873
Year End: 8/31/2025
990-T NOL Attachment - Sale of Merchandise

Year Ending	Amount Generated	Amount Utilized	Carryover to 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)
8/31/2023	(87,846)	-	(408,668)
8/31/2024	(79,469)	-	(488,137)
8/31/2025	(42,993)	-	(531,130)

Historic Landmarks Foundation of Indiana, Inc
EIN: 35-1162873
Year End: 8/31/2025
990-T NOL Attachment - Debt Financed Property

Year Ending	Amount Generated	Amount Utilized	Carryover to Next Year
8/31/2019	(11,270)	-	(11,270)
8/31/2020	(23,477)	-	(34,747)
8/31/2021	(8,247)	-	(42,994)
8/31/2022	(455,793)	-	(498,787)
8/31/2023	-	-	(498,787)
8/31/2024	-	-	(498,787)
8/31/2025	-	-	(498,787)