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**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the **2009** calendar year, or tax year beginning **SEPTEMBER 1**, 2009, and ending **AUGUST 31**, 20 **10**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **HISTORIC LANDMARKS FOUNDATION OF INDIANA**  
 Doing Business As **INDIANA LANDMARKS**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**340 W. MICHIGAN STREET**  
 City or town, state or country, and ZIP + 4  
**INDIANAPOLIS, IN 46202**

**D** Employer identification number  
**35 1162873**

**E** Telephone number  
**(317) 639-4534**

**G** Gross receipts \$ **15,515,046**

**F** Name and address of principal officer: **J. MARSHALL DAVIS, PRESIDENT**  
**340 W. MICHIGAN STREET, INDIANAPOLIS, IN 46202**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**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**

**1** Briefly describe the organization's mission or most significant activities: **INDIANA LANDMARKS ADVANCES THE PRESERVATION OF HISTORICAL AND ARCHITECTURALLY SIGNIFICANT SITES THROUGHOUT INDIANA. THROUGH ITS NETWORK OF REGIONAL OFFICES THE ORGANIZATION PROVIDES EDUCATION AND ADVOCACY AT THE LOCAL LEVEL, AND WORKS TO PRESERVE, RENOVATE AND MAINTAIN HISTORIC PLACES.**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>33</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>64</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>105,487</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>NONE</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,296,912	6,849,329
<b>9</b> Program service revenue (Part VIII, line 2g)	396,776	370,980
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,094,085	3,825,134
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,213,637	314,431
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,001,410	11,359,874
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	101,436	146,575
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,473,989	2,375,708
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	385,160	
<b>17</b> Other expenses (Part IX, column (A), lines 11g, 11f, 24)	2,803,276	2,585,339
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,378,701	5,107,622
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,377,291	6,252,252
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	46,811,491	54,863,217
<b>21</b> Total liabilities (Part X, line 26)	1,215,828	3,077,900
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	45,595,663	51,785,317

**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: *Marsh Davis* Date: **12-15-10**  
 Type or print name and title: **Marsh Davis President**

**Paid Preparer's Use Only**

Preparer's signature: *J. Noah Beull* Date: **12/13/10**  
 Check if self-employed  Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BKD, LLP, 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204**  
 Phone no.: **(317) 383-4000**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JAN 11 2011

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**Part III Statement of Program Service Accomplishments**

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, REVITALIZES 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,866,362 including grants of \$ 146,575 ) (Revenue \$ -99,657 )  
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. THESE OFFICES WORK WITH LOCAL COMMUNITIES TO ESTABLISH AND NURTURE LOCAL PRESERVATION INITIATIVES. THE ORGANIZATION PROVIDES 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 \$ 490,834 including grants of \$ 0 ) (Revenue \$ 275,944 )  
INDIANA LANDMARKS OWNS AND OPERATES THREE MUSEUM PROPERTIES LOCATED IN INDIANAPOLIS, CAMBRIDGE CITY AND AURORA. THESE MUSEUMS ARE OPERATED TO INCREASE PUBLIC AWARENESS AND TO EDUCATE THE PUBLIC REGARDING INDIANA'S HISTORY AND THE DESIRABILITY OF RESTORING AND PRESERVING HISTORIC PROPERTIES. INDIANA LANDMARKS ALSO PROVIDES TOURS FOR TWO HISTORIC HOTELS LOCATED IN ORANGE COUNTY, INDIANA.

4c (Code: ) (Expenses \$ 600,067 including grants of \$ 0 ) (Revenue \$ 0 )  
INDIANA LANDMARKS PRODUCES SEVERAL PUBLICATIONS, INCLUDING A MAGAZINE WHICH IS GENERATED SIX TIMES A YEAR. THESE PUBLICATIONS AND OTHER TOOLS, SUCH AS THE WEBSITE, ARE INTENDED TO EDUCATE THE PUBLIC REGARDING THE PRESERVATION OF HISTORIC STRUCTURES AND TO PROVIDE ADDITIONAL INFORMATIVE AND EDUCATIONAL SERVICES TO MEMBERS OF INDIANA LANDMARKS AND TO THE GENERAL PUBLIC.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 124,836 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 4,082,099

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	✓	
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 . . . . .		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	✓	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 . . . . .		✓
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 . . . . .	✓	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		✓
9	Did the organization report an amount in Part X, line 21; 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 . . . . .		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	Yes ✓	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
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?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	✓	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b>	28	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	64	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	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)? . . . . .	<b>4a</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	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? . . . . .	<b>6a</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		<input type="checkbox"/>	<input type="checkbox"/>

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 33	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 32	
<b>2</b> 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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	<input checked="" type="checkbox"/>
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► INDIANA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MARY BURGER, 340 W. MICHIGAN STREET, INDIANAPOLIS, IN 46202 (317)639-4534

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
ANNE ABERNETHY DIRECTOR	0.01	✓					0	0	0	
MAXINE BROWN DIRECTOR	0.01	✓					0	0	0	
DWIGHT BUCHER DIRECTOR	0.01	✓					0	0	0	
MISSI BUSH-SAWTELLE DIRECTOR	0.01	✓					0	0	0	
RICHARD BUTLER DIRECTOR	0.01	✓					0	0	0	
DUNCAN CAMPBELL DIRECTOR	0.50	✓					0	0	0	
CARL COOK DIRECTOR	0.50	✓					0	0	0	
JOSEPH HUNTZINGER DIRECTOR	0.50	✓					0	0	0	
CHRISTINE KECK DIRECTOR	0.01	✓					0	0	0	
LINDA KLINCK DIRECTOR	0.50	✓					0	0	0	
MIKE KLINK DIRECTOR	0.01	✓					0	0	0	
WILLIAM LATOZA DIRECTOR	0.01	✓					0	0	0	
RICHARD MCKNIGHT DIRECTOR	0.50	✓					0	0	0	
NANCY MCMILLAN DIRECTOR	0.50	✓					0	0	0	
FRED NATION DIRECTOR	0.01	✓					0	0	0	
ANDREW POTTS DIRECTOR	0.01	✓					0	0	0	



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

(A) Name and title	(B) Average hours per week	(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			
GEORGE RAPP DIRECTOR	0.01	<input checked="" type="checkbox"/>						0	0	0
JOE ROHLER DIRECTOR	0.01	<input checked="" type="checkbox"/>						0	0	0
MARYA ROSE DIRECTOR	0.01	<input checked="" type="checkbox"/>						0	0	0
AMOS SCHWARTZ DIRECTOR	0.01	<input checked="" type="checkbox"/>						0	0	0
TIMOTHY SHELLY DIRECTOR	0.50	<input checked="" type="checkbox"/>						0	0	0
PAUL SMITH DIRECTOR	0.01	<input checked="" type="checkbox"/>						0	0	0
ALAN SNYDER DIRECTOR	0.01	<input checked="" type="checkbox"/>						0	0	0
KENNETH TURCHI DIRECTOR	0.50	<input checked="" type="checkbox"/>						0	0	0
TURNER WOODARD DIRECTOR	0.50	<input checked="" type="checkbox"/>						0	0	0
RANDALL SHEPARD HONORARY CHAIRMAN	0.50	<input checked="" type="checkbox"/>						0	0	0
JERRY FUHS CHAIR	0.50	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
MICHAEL RODMAN VICE CHAIR	0.50	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
RALPH NOWAK TREASURER	0.50	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>1b Total</b>								<b>336,126.</b>	<b>0.</b>	<b>50,471.</b>

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

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>4</b> 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>	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **NONE**

<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants, and other similar amounts</b>	1a Federated campaigns . . . . .	1a 0				
	b Membership dues . . . . .	1b 140,141				
	c Fundraising events . . . . .	1c 0				
	d Related organizations . . . . .	1d 0				
	e Government grants (contributions) . . . . .	1e 98,643				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 6,610,545				
	g Noncash contributions included in lines 1a-1f: \$ . . . . .	63,389				
	h <b>Total.</b> Add lines 1a-1f . . . . .	▶ 6,849,329				
	<b>Program Service Revenue</b>	2a <b>TOUR INCOME</b> . . . . .	Business Code 713990	189,912	189,912	
b <b>TICKET SALES</b> . . . . .		713990	86,032	86,032		
c <b>MERCHANDISE SALES</b> . . . . .		451211	4,042	4,042		
d <b>CONSULTING INCOME</b> . . . . .		611710	77,110	77,110		
e <b>LOAN INTEREST INCOME</b> . . . . .		525990	13,884	13,884		
f All other program service revenue . . . . .						
g <b>Total.</b> Add lines 2a-2f . . . . .		▶ 370,980				
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts) . . . . .	▶ 828,761			828,761
	4 Income from investment of tax-exempt bond proceeds . . . . .	▶				
	5 Royalties . . . . .	▶				
	6a Gross Rents . . . . .	(i) Real 49,630	(ii) Personal 0			
		b Less: rental expenses . . . . .	0	0		
		c Rental income or (loss) . . . . .	49,630	0		
		d Net rental income or (loss) . . . . .	▶ 49,630		0	49,630
	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities 6,832,530	(ii) Other 156,904			
		b Less: cost or other basis and sales expenses . . . . .	3,577,550	415,511		
		c Gain or (loss) . . . . .	3,254,980	-258,607		
		d Net gain or (loss) . . . . .	▶ 2,996,373	-256,801	0	3,253,174
	8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 0				
		b Less: direct expenses . . . . .	b 0			
		c Net income or (loss) from fundraising events . . . . .	▶ 0			
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	a 0				
b Less: direct expenses . . . . .		b 0				
c Net income or (loss) from gaming activities . . . . .		▶ 0				
10a Gross sales of inventory, less returns and allowances . . . . .	a 266,547					
	b Less: cost of goods sold . . . . .	b 133,666				
	c Net income or (loss) from sales of inventory . . . . .	▶ 132,881	29,632	103,249		
Miscellaneous Revenue		Business Code				
11a <b>ADVERTISING</b> . . . . .	541800	2,238		2,238		
b <b>INSURANCE CLAIM PROCEEDS</b> . . . . .	236000	97,206			97,206	
c <b>MISCELLANEOUS</b> . . . . .	900099	32,476	32,476			
d All other revenue . . . . .						
e <b>Total.</b> Add lines 11a-11d . . . . .	▶ 131,920					
12 <b>Total revenue.</b> See instructions. . . . .	▶ 11,359,874	176,287	105,487	4,228,771		

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	145,575	145,575		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	336,126	197,108	125,887	13,131
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,470,330	1,205,494	153,247	111,589
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,700	80,242	13,312	3,146
9	Other employee benefits	339,128	267,031	44,033	28,064
10	Payroll taxes	133,424	102,335	22,264	8,825
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	59,358	59,358	0	0
c	Accounting	53,741	0	53,741	0
d	Lobbying	17,555	17,555	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	31,870	0	31,870	0
g	Other	422,722	308,167	0	114,555
12	Advertising and promotion	116,134	61,585	1,509	53,040
13	Office expenses	101,263	66,983	13,985	20,295
14	Information technology	19,528	6,492	12,993	43
15	Royalties	0	0	0	0
16	Occupancy	413,569	372,994	33,916	6,659
17	Travel	177,369	155,023	9,760	12,586
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	3,649	3,177	104	368
20	Interest	23,373	23,373	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	120,772	70,529	50,243	0
23	Insurance	206,595	156,979	49,616	0
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	BUILDING REPAIRS	201,269	201,096	173	0
b	TOUR EXPENSE	63,890	54,427	0	9,463
c	BAD DEBT EXPENSE	480,044	480,044	0	0
d	DUES AND SUBSCRIPTIONS	23,610	10,186	12,894	530
e	SALES TAX	17,058	17,058	0	0
f	All other expenses MISCELLANEOUS	31,970	18,288	10,816	2,866
25	<b>Total functional expenses.</b> Add lines 1 through 24f	<b>5,107,622</b>	<b>4,082,099</b>	<b>640,363</b>	<b>385,160</b>
26	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	0	1	0
	2	Savings and temporary cash investments . . . . .	977,190	2	451,180
	3	Pledges and grants receivable, net . . . . .	53,976	3	2,126,588
	4	Accounts receivable, net . . . . .	249,485	4	15,268
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0
	7	Notes and loans receivable, net . . . . .	987,911	7	743,450
	8	Inventories for sale or use . . . . .	52,504	8	76,589
	9	Prepaid expenses and deferred charges . . . . .	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	13,822,577		
	b	Less: accumulated depreciation . . . . .	1,624,317	10c	12,198,260
	11	Investments—publicly traded securities . . . . .	29,261,570	11	28,082,542
	12	Investments—other securities. See Part IV, line 11 . . . . .	5,328,019	12	7,278,194
	13	Investments—program-related. See Part IV, line 11 . . . . .	2,358,280	13	2,340,771
	14	Intangible assets . . . . .	0	14	0
	15	Other assets. See Part IV, line 11 . . . . .	1,031,280	15	1,550,375
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	46,811,491	16	54,863,217	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	1,044,522	17	2,925,400
	18	Grants payable . . . . .	0	18	0
	19	Deferred revenue . . . . .	0	19	0
	20	Tax-exempt bond liabilities . . . . .	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	171,306	23	152,500
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25	Other liabilities. Complete Part X of Schedule D . . . . .	0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,215,828	26	3,077,900
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	12,584,386	27	12,622,127
	28	Temporarily restricted net assets . . . . .	21,773,159	28	27,925,072
	29	Permanently restricted net assets . . . . .	11,238,118	29	11,238,118
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances . . . . .</b>	45,595,663	33	51,785,317	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	46,811,491	34	54,863,217	

**Part XI Financial Statements and Reporting**

- 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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- 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 in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		✓

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.</b>	Employer identification number <b>35 1162873</b>
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**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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	1,034,255	1,568,992	1,286,234	1,296,912	1,185,549	6,371,942
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,034,255	1,568,992	1,286,234	1,296,912	1,185,549	6,371,942
<b>5</b> 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) . . . . .						368,977
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						6,002,965

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,034,255	1,568,992	1,286,234	1,296,912	1,185,549	6,371,942
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,574,908	1,187,540	1,372,305	1,273,341	878,391	6,286,985
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	99,458	59,924	8,554	1,014,078	129,682	1,311,696
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						13,970,623
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,836,454
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	42.9685 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	52.5887 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> First five 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 . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3 % support tests – 2009.** 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 33 1/3 % support tests – 2008.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part II Line 10: Other Income**

	2005	2006	2007	2008	2009
Miscellaneous Income	16,576	34,864	8,554	35,951	32,476
Proceeds from insurance claims	82,882	25,060	0	978,127	97,206
<b>Total Other Income</b>	<b>99,458</b>	<b>59,924</b>	<b>8,554</b>	<b>1,014,078</b>	<b>129,682</b>

**Part II Line 1: Gifts, grants, contributions**

Line 1 Column (e) excludes an extraordinary grant of \$5,663,780.

# Political Campaign and Lobbying Activities

**2009**

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. ▶ See separate instructions.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <b>HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.</b>	Employer identification number <b>35 1162873</b>
-------------------------------------------------------------------------------	-----------------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . ▶ \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a 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).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-

**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.  
 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 (grass roots 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;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <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> </table>	If the amount on line 1e, column (a) or (b) is:	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:	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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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					

**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)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		17,555.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities? If "Yes," describe in Part IV		✓	
<b>j</b> Total. Add lines 1c through 1i			17,555.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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 expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 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.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a 116
b Total acreage restricted by conservation easements . . . . .	2b 474.5
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c 116
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d 10

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ONE
- Number of states where property subject to conservation easement is located ▶ ONE
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 289
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7,497
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, 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:
  - Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....
  - Assets included in Form 990, Part X . . . . . ▶ \$ .....
- 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 SFAS 116 relating to these items:
  - Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....
  - 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 are a 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 programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	32,833,337	39,026,248			
b Contributions	60,330	265,853			
c Net investment earnings, gains, and losses	2,461,851	-3,236,125			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	-2,410,448	-3,190,728			
f Administrative expenses	-31,870	-31,911			
g End of year balance	32,913,200	32,833,337			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 9.93 %
  - b Permanent endowment ▶ 34.14 %
  - c Term endowment ▶ 55.93 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations                                                           |     | ✓  |
| (ii) related organizations                                                            |     | ✓  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| 3b                                                                                    |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	600,926		600,926
b Buildings	0	11,900,144	698,722	11,201,422
c Leasehold improvements	0	0	0	0
d Equipment	0	840,701	597,519	243,182
e Other		480,806	328,076	152,730
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,198,260

**Part VII Investments—Other Securities.** 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
Financial derivatives . . . . .		
Closely-held equity interests . . . . .	41,635	Cost
Other . . . . .		
Corporate hedge funds (fund of funds)	7,236,559	End of year market value
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>7,278,194</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Real estate held for resale	2,340,771	End of year market value
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	<b>2,340,771</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Interest and dividends receivable	35,171
Receivables from subsidiaries	275,400
Investment in subsidiaries	1,014,483
Beneficial interest held by unrelated organization	225,321
.....	
.....	
.....	
.....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>1,550,375</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>NONE</b>

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,359,874
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,107,622
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,252,252
4	Net unrealized gains (losses) on investments	4	-1,207,971
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	600,399
9	Total adjustments (net). Add lines 4 through 8	9	-607,572
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,644,680

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	10,700,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,207,971
b	Donated services and use of facilities	2b	28,445
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	552,443
e	Add lines 2a through 2d	2e	-627,083
3	Subtract line 2e from line 1	3	11,328,004
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	31,870
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,870
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,359,874

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	5,056,241
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	28,445
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-47,956
e	Add lines 2a through 2d	2e	-19,511
3	Subtract line 2e from line 1	3	5,075,752
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	31,870
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,870
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,107,622

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II, line 9. Conservation easements are accompanied by a contribution to a fund designated to easement

monitoring and enforcement activities. Those contributions are reported as contribution revenue in the financial

statements. The costs associated with easement monitoring and enforcement activities, which include staff time

and travel, and legal fees if applicable, are expensed to the Easement Monitoring Fund which is a board designated

fund.

Part V, line 4. 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

**Part XIV Supplemental Information (continued)**

approved by the board of directors. The current spending rate is 5.5% of the endowment's average market value over a rolling 12 quarters.

**PART XI LINE 8. OTHER**

Net change from subsidiary operations	591,795
Change in beneficial interest	8,604
Total	600,399

**PART XII LINE 2d. OTHER**

Net income from subsidiary operations	410,173
Change in beneficial interest	8,604
Inventory expense	133,666
Total	552,443

**PART XIII LINE 2d. OTHER**

Net expenses from subsidiary operations	-181,622
Inventory expense	133,666
Total	-47,956

**NOTE:** Audited financial statements represent a consolidation of the parent corporation (Historic Landmarks Foundation of Indiana, Inc.) and its wholly owned subsidiaries, and other corporations in which the parent corporation has a controlling interest. The financial impact of these other entities is eliminated in this reconciliation.

**INCOME TAXES:**

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. The Foundation is no longer subject to U.S. federal examinations by tax authorities for years before 2007.

**SCHEDULE I  
(Form 990)**

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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.**

Employer identification number

**35 1162873**

**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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (e) 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
Indiana Humanities Council 1500 N. Delaware Indianapolis, IN 46202	35-1344382	501(c)(3)	\$10,000				See PART IV.
Indiana University 107 S. Indiana Ave Bloomington, IN 47405	35-6001673	501(c)(3)	\$19,500				See PART IV.
Rivoli Center of Performing Arts P.O. Box 44091 Indianapolis, IN 46244	01-0805318	501(c)(3)	\$20,000				See PART IV.
Southeastern Neighborhood Dev 1030 Orange Street Indianapolis, IN 46203	35-1557200	501(c)(3)	\$6,000				See PART IV.
Columbia Club Foundation 121 Monument Circle Indianapolis, IN 46204	35-1551735	501(c)(3)	\$5,000				See PART IV.
Butler University 4600 Sunset Ave Indianapolis, IN 46208	35-0867977	501(c)(3)	\$5,000				See PART IV.

2 Enter total number of section 501(c)(3) and government organizations **SIX**

3 Enter total number of other organizations **NONE**

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

Cat. No. 50055P

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, line 2. Grants are administered in response to specific written requests from nonprofit community organizations throughout the State of Indiana only. These requests must contain a clearly defined preservation program or project, and the requesting organization must be classified, or have applied for status as a 501(c)(3) public charity under the IRS code.

Part II, all lines, column (h)

Grant of \$10,000 given to the Indiana Humanities Council to partially fund the Historic Preservation Education Grant program. This is a statewide grant program which funds education programs that focus on historic preservation, and is administered by the Indiana Humanities Council.

Grant of \$19,500 given to Indiana University to sponsor the 2009 Statewide Preservation Conference.

Grants given to Rivioli Center for Performing Arts, Southeast Neighborhood Development, Columbia Club Foundation and Butler University are for restoration and preservation of historic structures owned by those organizations.

**SCHEDULE J  
(Form 990)**

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" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**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
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 . . . . .	<b>1b</b>	✓
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .	<b>2</b>	✓
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	✓
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	✓
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	✓
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	✓
<b>b</b> Any related organization? . . . . .	<b>5b</b>	✓
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b>	✓
<b>b</b> Any related organization? . . . . .	<b>6b</b>	✓
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	✓
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	✓
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
J. MARSHALL DAVIS	(i)	121,926	0	9,382	10,815	15,417	157,540
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III** **Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the instructions for Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the Organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.

Employer identification number

35 : 1162873

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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			
CLAYTON MILLER SECRETARY	0.50	✓		✓				0	0	0
J. MARSHALL DAVIS PRESIDENT	50.0			✓			131,308.	0	26,232.	
CHRISTINE CONNOR EXECUTIVE VICE PRESIDENT	50.0					✓	111,758.	0	16,710.	
MARY BURGER VICE PRESIDENT AND CFO	45.0			✓			93,060.	0	7,529.	



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2009**

**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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .	✓	THREE	NONE	N/A
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (MERCHANDISE) . . . . .	✓	SIXTY THREE	15,387	DONOR ESTIMATE
26 Other ▶ (FOOD FOR EVEN) . . . . .	✓	ONE	8,147	DONOR ESTIMATE
27 Other ▶ (GEOTHERMAL W) . . . . .	✓	ONE	27,550	DONOR ESTIMATE
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 IV, Donee Acknowledgement . . . . . **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.**

Employer identification number

**35 | 1162873**

Form 990 Part VI Section A., line 6, 7a and 7b. Historic Landmarks Foundation is a membership organization,  
with approximately 8,800 members. The membership of the organization meets once a year to elect the  
board of directors. Changes to the Articles of Incorporation and Bylaws must be approved by the membership.

Form 990 Part VI Section A., line 11A. The Form 990 is reviewed in detail by the organization's Audit Committee. The  
Form is shared with the board of directors before it is filed.

Form 990 Part VI Section B., line 12c. A conflict of interest questionnaire is distributed to officers, directors and key  
employees on an annual basis. The returned questionnaires are reviewed by the Audit Committee, and the results  
are reported to the board of directors. If it is determined that a conflict exists, the person subject to the conflict may  
be present during deliberations on the matter, but is mandated to leave the meeting during any vote. If appropriate,  
independent sources will be consulted to determine that any transaction is fair and reasonable to the organization.

Form 990 Part VI Section B., lines 15a and 15b. The compensation of the organization's President is determined by  
an Executive Compensation Committee, comprised of executive board members. The final decision is brought to the  
board and is noted in the board minutes. Periodically there is a survey of comparable compensation levels.  
A salary analysis was performed for all staff positions in 2007, and the results of that analysis are still used  
to evaluate compensation of non-officer key employees. All salaries are reviewed on an annual basis.

Form 990 Part VI Section C., line 19. The organization's governing documents, conflict of interest policy, and financial  
statements are available upon request.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
35 1162873

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
HLFI WEST BADEN, INC., 35-3301297 340 W. MICHIGAN STREET, INDIANAPOLIS, IN 46202	PRESERVATION	IN	501 (C) (3)	9	N/A
HLFI HIGH STREET, INC., 35-2079352 340 W. MICHIGAN STREET, INDIANAPOLIS, IN 46202	PRESERVATION	IN	501 (C) (3)	11 a	N/A
JOHN E. CHRISTIAN FAMILY MEMORIAL TRUST, INC., 35-1871610 340 W. MICHIGAN STREET, INDIANAPOLIS, IN 46202	PRESERVATION	IN	501 (C) (3)	11 a	N/A
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?
							Yes	No		
CHRISTIAN PLACE, LP INDIANAPOLIS, IN 35-1887844	REAL ESTATE	IN	HLFI HOUSING	INVESTMENT	1,272,235.	0.	✓		NONE	✓

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		✓
<b>f</b> Sale of assets to other organization(s) . . . . .		✓
<b>g</b> Purchase of assets from other organization(s) . . . . .		✓
<b>h</b> Exchange of assets . . . . .		✓
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		✓
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		✓
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		✓
<b>n</b> Sharing of paid employees . . . . .		✓
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		✓
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		✓
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		✓
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		✓

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

	(e) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

