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e (g	29 <b>39</b>	ജ റൻ	301504 0
A	Exampt Organization Pusiness Income Tax Potic	703	3 <sup>015</sup> 04 0
Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	m	OMB No 1545-0687
	For calendar year 2018 or other tax year beginning $09/01$ , 2018, and ending $08/31$ ,	20 <u>19</u>	2018
Department of the Treasury Internal Revenue Service	Go to www irs gov/Form990T for instructions and the latest information	->/2>	Open to Public Inspection for
A Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(  Name of organization ( Check box if name changed and see instructions )	D Emp	501(c)(3) Organizations Only loyer identification number
address changed		(Empl	loyees' trust, see instructions )
B Exempt under section  X 501( C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Print Number, street, and room or suite no If a P O box, see instructions	35_1	162873
X 501( C D3 ) 408(e) 220(e)	or		lated business activity code
408A 530(a)	Type   1201 CENTRAL AVENUE		nstructions)
529(a)	City or town, state or province, country, and ZIP or foreign postal code		
C Book value of all assets at end of year	INDIANAPOLIS, IN 46202-2656	5418	00
82,733,284.	F Group exemption number (See instructions ) ►  G Check organization type ► X 501(c) corporation 501(c) trust	401(0)	Larget Cothographics
		401(a) the only	trust Other trust y (or first) unrelated
	e ▶ADVERTISING If only one, complete Parts I		, ,
first in the blank spa	ce at the end of the previous sentence, complete Parts I and II, complete a Schedule M for ear	ch additio	nal
	en complete Parts III-V		
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If the parent corporation		▶
	of ►MARY BURGER  Telephone number ► (3	17)63	9-4534
Part I Unrelated	Trade or Business Income (A) Income (B) Expen		(C) Net
1a Gross receipts or	<del></del>		ì
b Less returns and allowa			1
<del>-</del>	d (Schedule A, line 7)	<del></del> -	<del> </del>
·	acome (attach Schedule D) 4a		
	rm 4797, Part II, line 17) (attach Form 4797) 4b		
c Capital loss dedu	ction for trusts 4c		
	artnership or an S corporation (attach statement) 5		<del> </del>
•	edule C)	<del></del>	<del></del>
	thes, and rents from a controlled organization (Schedule F) 8		
_	section 501(c)(7), (9), or (17) organization (Schedule G)		
10 Exploited exempt	activity income (Schedule I) 10		
	- (	1,372.	-2,208.
	e instructions, attach schedule)	1,372.	-2,208.
	ns Not Taken Elsewhere (See instructions for limitations on deductions) (I		
	s must be directly connected with the unrelated business income)		
14 Compensation of	officers, directors, and trustees (Schedule K)	14	
15 Salaries and wage	RECEIVED		
·	enanœ RECEIVED	16	
18 Interest (attach se	thedule) (see instructions). JAN . 3 0 . 2020		
20 Charitable contrib	utions (See instructions for limitation rules)	20	
		~	
	eferred compensation plans		
	programs	- 1	
	penses (Schedule I).		
	costs (Schedule J)		
	(attach schedule)	- 1 1	<del> </del>
	Add lines 14 through 28		-2,208.
	operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	- 4-7	
	s taxable income Subtract line 31 from line 30	b/ 12	-2,208.
For Paperwork Reduct 8X2740 1,000 1133KR D31	on Act Notice, see instructions	✓\ <u> </u>	Form 990-T (2018)
1133KR D31	O. O	m. 1/2	PAGE 61

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	990-T (2018)		Page 2
Pa	ft III Total Unrelated Business Taxable Income	<del>, - ,</del>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1	
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	]	
	ınstructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Pa	rt IV Tax Computation	<u> </u>	·····
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	<del></del>
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	<del>                                    </del>	<del></del>
40	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
		<del></del>	<del></del>
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	t V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)	]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
		<b>{</b>	
g	Other credits, adjustments, and payments Form 2439		
-4	Form 4136 Other Total ▶ 50g	54	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want	55	
Pai	Statements Regarding Certain Activities and Other Information (see instructions	s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	- 1	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements and to the b	est of my knowledge	and belief, it is
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the IRS discuss	this return
Her	- D1/15/2020 PDECTDEN	h the preparer sh	
		e instructions)? X Ye	
	Print/Type preparer's name Preparer's signature Date Check	PTIN	
Paid	Multiplicate Distriction of the Land Check		79475
	parer Firm's name BKD, LLP	EIN ► 44-0160	
Use		eno 317.383.4	
<del></del> -	Tribute 1		<b>90-T</b> (2018)
ISA			(-0.0)

JSA

·		property	(a) Straight line depreciation (attach schedule)	(attach schedule)
(1)			<u>- :</u>	
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed properly (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals	tions included in column 0	<b>&gt;</b> l	<u> </u>	

Schedule F-Interest, Ann	uities, Royaltie	s, and Re	ents Fr	om Contro	lled Or	ganiza	tions (see	e instructi	ons)		
	<u>-:</u>			ontrolled Org					· · · · · · · · · · · · · · · · · · ·		
Name of controlled organization	2 Employer identification number	Dei		lated income instructions)	1	of specifie	included	of column 4 t I in the contr tion's gross ii	olling	6 Deductions directly connected with income in column 5	
(1)							<b>†</b>				
(2)							<del>                                     </del>				
(3)							1				
(4)											
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net unrelated a (loss) (see instruc	1		Total of specific		ınclu	art of column ded in the co iization's gros	introlling		Deductions directly innected with income in column 10	
(1)											
(2)											
(3)											
(4)								· <del></del>			
Totals	ncome of a Sec			(9), or (17	▶ ) Orga	Ente Part	columns 5 ar here and on 1, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount o			3 Deduction of the directly control (attach sch	tions nected		4 Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)				_							
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	ther Th	nan Adverti	sing Ir	come	, (see instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expi dire connect produc unrel business	ctly ed with tion of ated	4 Net incomfrom unrelat or business 2 minus coll if a gain, cc cols 5 thro	ed tradé (column umn 3) ompute	5 Gross income		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)			-	_				<del> </del>		<del> </del>	
(2)				1				<del>                                     </del>			
(3)						<del></del>		<del>                                     </del>	_	<del> </del>	
<u>(4)</u>				<del> </del>				<del> </del>	-	1	
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,	•			_ <del>_</del>	I		Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J- Advertising In	2000 (222 1724			<u> </u>				·	_	<u> </u>	
Part I Income From Per			Concol	idated Pac	·ic				_		
Part Income From Fer	louicais Report	led on a	CONSO	luateu bas	15	_				<del></del>	
1 Name of periodical	2 Gross advertising income	3 Di advertisii		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1) THE PRESERVATIONIST	2,164	4	, 372					109	,298	, 1	
(2)	,			1						7 ;	
(3)		_		1						7	
(4)		_		1		<b>-</b>				7 !	
			-	1							
Totals (carry to Part II, line (5))	2,164.	4	,372.	-2	208.		<del></del>			Form <b>990-T</b> (2018)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col 2 Gross 6 Readership 5 Circulation 3 Direct minus column 5, but 1 Name of periodical advertising 2 minus col 3) If costs advertising costs income not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) 2,164. 4,372. Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27 line 11, col (A) Ine 11, col (B) 2,164. 4,372. Totals, Part II (lines 1-5) . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<u></u> ▶	

Form 990-T (2018)

### SCHEDULE M (Form 990-T)

### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{09/01}{}$  , 2018, and ending

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

Name of organization

HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Employer identification number 35-1162873

Unrelated business activity code (see instructions) ▶ 453220 Describe the unrelated trade or business SALE OF MERCHANDISE

Pa	t1 Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 200, 160.				_	
b	Less returns and allowances	1c	200,160.			l
2	Cost of goods sold (Schedule A, line 7) ATCH. 1.	2	98,536.			
3	Gross profit Subtract line 2 from line 1c	3	101,624.			101,624.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5			i	
6	Rent income (Schedule C)	6		<u>-</u>		
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	101,624.			101,624.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the un	relate	d business income )			ns,
14	Compensation of officers, directors, and trustees (Schedule K)				14	101,779.
15	Salaries and wages				15	101,779.
16	Repairs and maintenance			~	16	
17	Bad debts			F.	17	<u></u>
18	Interest (attach schedule) (see instructions)				18	14 020
19	Taxes and licenses				19	14,238.
20	Charitable contributions (See instructions for limitation rules)		1 1		20	
21	Depreciation (attach Form 4562)					
22	Less depreciation claimed on Schedule A and elsewhere on re	eturn .	22a		22b	
23	Depletion				23	

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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38,308.

154,325.

-52,701.

-52,701.

### SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\underline{-09/01}$  , 2018, and ending  $\underline{-08/31}$  , 20  $\underline{19}$ 

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

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

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

Name of organization
HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Unrelated business activity code (see instructions) ► 531100

Describe the unrelated trade or business ► DEBT FINANCED PROPERTY

Pai	Unrelated Trade or Business Income	(A) Income	(A) Income (B) Expenses		(C) Net	
1a	Gross receipts or sales					
b	Less returns and allowances C Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5			_	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E) ATCH. 3.	7	115,368.	126,	638.	-11,270.
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	115,368.	126,	538.	-11,270.
14	deductions must be directly connected with the ur Compensation of officers, directors, and trustees (Schedule K)		<u> </u>		14	<del></del> -
15	Salaries and wages				15	-
16					16	
17	Repairs and maintenance				17	
18	Bad debts				18	_
19	Taxes and licenses				19	-
20	Charitable contributions (See instructions for limitation rules)				20	· ·
21	Depreciation (attach Form 4562)		1 1		20	
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I).				26	<del> </del>
27	Excess readership costs (Schedule J).				27	
28	Other deductions (attach schedule)				28	
29	Total deductions Add lines 14 through 28				29	
30	Unrelated business taxable income before net operating				30	-11,270.
31	Deduction for net operating loss arising in tax years					
	, J , , , , , , , , , , , , , ,	<b>5</b>	<u>-</u>	- ,	J	p

For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income Subtract line 31 from line 30 . . . . . . . . . . . . . . . . . .

Schedule M (Form 990-T) 2018

ATTACHMENT	1	

### SALE OF MERCHANDISE

### SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

В	INVENTORY AT BEGINNING OF YEAR 62,460. PURCHASES 98,798. COST OF LABOR ADDITIONAL SECTION 263A COSTS OTHER COSTS 161,258.	
6 7	INVENTORY AT END OF YEAR	62,722. 98,536.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE)  APPLY TO THE ORGANIZATION?	YES NO X

### ATTACHMENT 2

### SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

RENT EXPENSE	19,755.
LICENSES & FEES	6,751.
SUPPLIES	2,343.
INSURANCE	3,312.
UTILITIES	81.
TRAVEL & POSTAGE	3,982.
CONSULTING SERVICES	602.
SERVICE CONTRACTS	732.
TAX PREP FEES	750.

PART II - LINE 28 - OTHER DEDUCTIONS

PAGE 69

38,308.

# - SCHEDULE E; UNRELATED DEBT-FINANCED INCOME SCHEDULE M LINE 7

	CONNECTED WITH	A) STRAIGHT LINE DEPR. (B) OTHER DEDUCTIONS	84,077.	8. ALLOCABLE DEDUCTIONS (COLUMN 6 × TOTAL OF COLUMNS 3(A) AND 3(B))	126,638.	ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (B)	126,638.
	3. DEDUCTIONS DIRECTLY CONNECTED WITH OR ALLOCABLE TO DERT-FINANCED PROBERTY	(A) STRAIGHT LINE DEPR.	62,063.	7. GROSS INCOME REPORTABLE (COLUMN 6)	368.	ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (A)	. 115,368.
	2. GROSS INCOME FROM	ROPERTY	133, 135.	6. COLUMN 4 DIVIDED BY COLUMN 5	.86655		8
•		FINANCED PROPERTY	13	5. AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT- FINANCED PROPERTY	2,183,417.		TOTAL DIVIDENDS-RECEIVED DEDUCTIONS INCLUDED IN COLUMN 8
	1. DESCRIPTION OF DEBT-FINANCED PROPERTY		102 NW 3RD STREET	4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	1,892,035.		TOTALS

# DEBT-FINANCED PROPERTY CALCULATIONS

86.65%	62,063 × 0 86655	53,780	84,077 × 0.86655	72,857
AVERAGE ACQUISITION DEBT/AVERAGE ADJUSTED BASIS	TOTAL DEPRECIATION AVERAGE ADJUSTED BASIS	PART II DEPRECIATION	TOTAL ADVERTISING AVERAGE ACQUISITION DEBT/AVERAGE ADJUSTED BASIS	SCHEDULE E LINE 3B

## Form. 4562

Department of the Treasury
Service (99)

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

2018

Attachment Sequence No 179

Name(s) shown on return
HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

Identifying number 35–1162873

Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions). . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter-0- If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . 12 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 . . . . 13 Note. Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 Property subject to section 168(f)(1) election 15 53,780. Other depreciation (including ACRS) 16 Part.|| MACRS Depreciation (Don't include listed property See instructions) Section A 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service (business/investment use period only - see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property q 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental NANA S/I property 27 5 yrs мм S/L 39 yrs Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs c 30-year MM S/L 30 yrs 40 vrs ММ S/L d 40-year Part IV Summary (See instructions) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 53,780. 

Form	4562 (	2018)														Page 2
Par	t ¥	entertainme	operty (Include ent, recreation, o	r amusem	ent)					s, certa				proper	•	ed for
	<u></u>		ny vehicle for wh s (a) through (c) o									lease (	expens	e, comp	olete on	ıly 24a,
		Section A -	Depreciation and	Other Info	rmatic	n (Cauti	on: Se	ee the in	struct	tions for l	mits for	passe	nger au	utomobil	es)	
24a	Do you	u have evidenc	e to support the bus	iness/investm	ent use	e claimed?	<u>, L L</u>	Yes X	No	24b If "	∕es," is t	he evide	nce writ	ten?	Yes	X No
		(a)	(b)	(c)		(4)		(e)		(f)	(	g)		(h)		(1)
T		property (list cles first)	Date placed in service	Business/ investment us percentage	e Cost	(d) or other ba		lasis for depi ousiness/inv use only	estment	Recovery period		hod/ ention		eciation luction		section 179 ost
			on allowance for													
			ed more than 50%				e See	Instruc	tions	· · · · ·	<u></u>	. 25	J		<u> </u>	
26	Prope	rty used more	e than 50% in a qi	ualified busir	ness us	se				,		_				
					%						ļ	-	<b> </b>		<b> </b>	
			<u> </u>	<del></del>	%						ļ		<u> </u>			
					%								l		L	
27	Prope	erty used 50%	or less in a qualif													
				'	%					ļ	S/L -	_	ļ			
				<del></del>	%					<u> </u>	S/L -	_	ļ		4	
					%]					<u> </u>	S/L -		ļ			
			umn (h), lines 25	-					_						<b> </b>	
29	Add a	mounts in col	umn (ı), line 26 E	nter here a	nd on	line 7, pa	ige 1 .	<u> </u>	<u></u>	<u></u>	<u> </u>	<u></u>	<u>. ,</u>	. 29	<u> </u>	
				Sectio	nB-	Informa	ation	on Use	of V	ehicles						
			vehicles used by												rovided	vehicles
to yo	ur emp	oloyees, first ans	swer the questions in	Section C to	see if	you meet	an exc	ception to	comp	leting this	section i	or those	vehicle	:S		
						a) Hole 1		(b) hicle 2	,	(c) ehicle 3		d) icle 4		(e) nicle 5		f) icle 6
30	Total I	business/inve	stment miles driv	en during	ven	ncie i	VE	ilicie z	"	enicle 3	Veili	ICIE 4	1 061	iide 3	Veni	icle o
1	the ye	ar (don't incli	ude commuting m	ıles)					<u> </u>		ļ .				<u> </u>	<del></del>
31	Total	•	iles driven during	· · · · · ·					<u> </u>							
32	Total	other pe	ersonal (nonco	mmuting)												
1	miles	driven							<u> </u>				L			
33	Total	miles driver	n during the ye	ear Add		}			ł		l		ł		l	
1	lines 3	30 through 32		, [					<u> </u>							
34	Was	the vehicle	available for	personal	Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
1	use di	uring off-duty	hours?			<u> </u>			<u> </u>							
35	Was 1	the vehicle i	used primarily by	/ a more						ľ						
1	than 5	% owner or r	elated person?						<u> </u>					<u> </u>		
36	ls an	other vehicle	e available for	personal		1 1			İ		1	ĺ	i	Ì	l I	
	use?.	<u> </u>	<u> </u>	<u>  </u>		<u> </u>			<u></u>						l	
			ction C - Questic		ploye	rs Who	Prov	vide Vel	hicles	s for Use	by Th	eir Em	ploye	es		
Ansv	ver th		s to determine if												who a	ren't
			r related persons											· ·		
37	Do vo	u maintain a	written policy s	statement t	hat pr	ohibits a	all pe	rsonal u	se of	vehicles	ınclud	lina co	mmutir	na by	Yes	No
38	Do yo	ou maintain a	a written policy s	statement t	hat pr	ohibits	perso	nal use	of ve	ehicles, e	xcept c	ommu	ting, by	y your		
	emplo	yees? See the	e instructions for	vehicles use	d by c	orporate	office	ers, dired	ctors,	or 1% or	more ov	wners				
39	Do yo	u treat all use	of vehicles by em	ployees as	person	al use?										
40 I	Do yo	ou provide m	ore than five ve	hicles to yo	our en	nployees	, obt	ain info	rmatic	on from	your er	nployee	s abo	ut the		
1	use of	the vehicles,	and retain the info	ormation re	ceived'	?										
41 1	Do yo	u meet the re	quirements conce	rning qualif	ed aut	tomobile	demo	onstratio	n use	? See ins	truction	<i></i> S				_
	Note:	If your answe	er to 37, 38, 39, 4	0, or 41 is '	Yes," (	don't cor	nplete	e Section	n B fo	r the cove	ered veh	ncles	_			
Par	t VI	Amortizati	on													
				(b)						_		(e	)			
		(a)	f costs	Date amort	zation	۸,,	C)			(d)		Amorti		Amadizi	(f)	NC 1/025
		Description of	wata	begins	;	) Am	oruzao	le amount	j	Code se	CUOTI	perio percer		Amoniza	ation for th	ns year
42	Amort	ization of cos	ts that begins duri	ing your 20	18 tax	year (se	e insti	ructions)								
						T										
43	Amort	ization of cos	ts that began befo	ore your 20	18 tax	year							43			
44	Total.	Add amount	s in column (f) Se	e the instru	ictions	for whe	re to r	report .	<u></u>	<u> </u>	<u></u>	<u></u>	44			
JSA				_										Fo	m 456	<b>2</b> (2018)

### HISTORIC LANDMARKS FOUNDATION OF INDIANA, INC

EIN: 35-1162873 Year End: 8/31/2019

### Form 990-T: Schedule M, Line 7 - Schedule E, Line 3B

Maintenance	1,910
Interest	70,651
Purchased Services	296
	72,857

### Historic Landmarks Foundation of Indiana, Inc

# EIN: 35-1162873

### Year End: 8/31/2019

### 990-T NOL Attachment - Pre-2019 NOL

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

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

Year End: 8/31/2019

### 990-T NOL Attachment - Advertising

	Amount	Amount	Carryover to
Year Ending	Generated	Utilized	Next Year
8/31/2019	(2,208)	-	(2,208)

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

### Year End: 8/31/2019

### 990-T NOL Attachment - Sale of Merchandise

Year Ending		Amount Generated	Amount Utilized	Carryover to  Next Year
	8/31/2019	(52,701)	-	(52,701)

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

### Year End: 8/31/2019

### 990-T NOL Attachment - Debt Financed Property

Year Ending	Amount Generated	Amount Utilized	Carryover to  Next Year
8/31/2019	(11,270)	-	(11,270)