DLN: 93493283002229 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable INDIANA HISTORICAL SOCIETY ☐ Address change 35-0876384 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 450 WEST OHIO STREET E Telephone number ☐ Amended return ☐ Application pending (317) 232-1882 City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN  $\,$  462023269 **G** Gross receipts \$ 63,568,129 Name and address of principal officer H(a) Is this a group return for JEFFERY MATSUOKA ☐Yes ☑No subordinates? 450 WEST OHIO STREET H(b) Are all subordinates INDIANPOLIS, IN 462023269 ☐ Yes ☐No included? I Tax-exempt status 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW INDIANAHISTORY ORG **K** Form of organization  $oxedsymbol{oxed}$  Corporation  $oxedsymbol{\Box}$  Trust  $oxedsymbol{\Box}$  Association  $oxedsymbol{\Box}$  Other lackbreanL Year of formation 1831 M State of legal domicile IN Summary 1 Briefly describe the organization's mission or most significant activities SINCE 1830, THE INDIANA HISTORICAL SOCIETY HAS BEEN INDIANA'S STORYTELLER, CONNECTING PEOPLE TO THE PAST BY COLLECTING, PRESERVING AND SHARING THE STATE'S HISTORY A PRIVATE, NONPROFIT MEMBERSHIP ORGANIZATION, IHS MAINTAINS THE NATION'S PREMIER RESEARCH LIBRARY AND ARCHIVES ON THE HISTORY OF INDIANA AND THE OLD NORTHWEST AND PRESENTS A UNIQUE SET OF VISITOR EXPERIENCES CALLED THE INDIANA EXPERIENCE IHS ALSO PROVIDES SUPPORT AND ASSISTANCE TO LOCAL Activities & Governance MUSEUMS AND HISTORICAL GROUPS, PUBLISHES BOOKS AND PERIODICALS, SPONSORS TEACHER WORKSHOPS, PRODUCES AND HOSTS ART EXHIBITIONS, MUSEUM THEATER AND OUTSIDE PERFORMANCE GROUPS, AND PROVIDES YOUTH, ADULT AND FAMILY PROGRAMS IHS IS A SMITHSONIAN AFFILIATE AND A MEMBER OF THE INTERNATIONAL COALITION OF SITES OF CONSCIENCE Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 4 33 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 160 7a ٥ 7a Total unrelated business revenue from Part VIII, column (C), line 12  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 9,807,161 3,910,864 9 Program service revenue (Part VIII, line 2g) . 810,296 895,852 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,844,032 4,309,175 43,244 26,171 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,504,733 9,142,062 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 701,501 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 888.934 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,171,804 5,834,394 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,241,249 6,030,905 5,049,184 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 12,091,643 11,585,079 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) -2,443,017 19 Revenue less expenses Subtract line 18 from line 12 . 2,413,090 Net Assets or Fund Balances End of Year Beginning of Current Year 148,718,907 20 Total assets (Part X, line 16) . 159,915,733 21 Total liabilities (Part X, line 26) . 28,026,982 27,689,419 Net assets or fund balances Subtract line 21 from line 20 . 131,888,751 121,029,488 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 2019-10-01 Signature of officer Sign Here JEFFERY MATSUOKA VP OF BUSINESS AND OPERATIONS Type or print name and title Print/Type preparer's name Preparer's signature Check  $\square$  if P00573197 Paid self-employed Firm's name ► BLUE & CO LLC Fırm's EIN ► 35-1178661 Preparer Use Only Firm's address ► 12800 N MERIDIAN STREET SUITE 400 Phone no (317) 848-8920 CARMEL, IN 46032 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . Form **990** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

	990 (2018)					Page <b>2</b>							
Pa	ort III Stateme	nt of Program Serv	ice Accomplisi	nments									
	Check if Sc	hedule O contains a res	sponse or note to a	iny line in this Part III		🗹							
1		e organization's missior		•									
PRES PUBL SUPF	SERVINĞ, INTERPRE LISHES BOOKS AND PORT AND ASSISTAN	TING, AND DISSEMINA PERIODICALS, SPONS	TING THE STATE'S ORS TEACHER WOI 1S AND HISTORICA	HISTORY A NONPRO RKSHOPS, PROVIDES AL GROUPS, AND MAIN	CONNECTING PEOPLE TO THE P. FIT MEMBERSHIP ORGANIZATIC YOUTH, ADULT, AND FAMILY PR NTAINS THE NATION'S PREMIER	N, THE IHS ALSO OGRAMMING, PROVIDES							
2	<del>-</del>	•	icant program serv	vices during the year w	hich were not listed on	□Yes ☑No							
	the prior Form 990					⊔ Yes ⊻ No							
_	•	these new services on S											
Did the organization cease conducting, or make significant changes in how it conducts, any program													
	services?	services?											
4	Section $501(c)(3)$		itions are required	to report the amount	largest program services, as most of grants and allocations to othe								
		(Fynances \$ 1.468.009 including grants of \$ \\/\(\text{Payonio } \text{c}											
4a	(Code	) (Expenses \$	1,468,009	including grants of \$	) (Revenue \$	153,948 )							
4a	(Code See Additional Data	) (Expenses \$	1,468,009	including grants of \$	) (Revenue \$	153,948 )							
4a 4b	•	) (Expenses \$ ) (Expenses \$	2,134,463	including grants of \$ including grants of \$	) (Revenue \$ ) (Revenue \$	153,948 )							
	See Additional Data												
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4b	See Additional Data (Code See Additional Data	) (Expenses \$	2,134,463	including grants of \$	) (Revenue \$	16,890 )							
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4b	(Code See Additional Data (Code See Additional Data  Code See Additional Data  See Additional Data  Other program sei	) (Expenses \$ ) (Expenses \$ ta Table	2,134,463 2,750,374 edule O )	including grants of \$ including grants of \$	) (Revenue \$ 701,501 ) (Revenue \$	16,890 ) 57,406 )							
4b 4c	See Additional Data  (Code See Additional Data  (Code See Additional Data	) (Expenses \$ ) (Expenses \$ ta Table	2,134,463	including grants of \$ including grants of \$	) (Revenue \$	16,890 )							

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 🕡 🗀 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11h 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 Nο 11c 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 Yes 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2<sup>7</sup> If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

No

orm	990 (2018)			Page
Pai	tIV Checklist of Required Schedules (continued)			1
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\cdot$ . $\overset{\bullet}{\mathbb{Z}}$	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	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	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Faterable complete constitution Box 2 of Famer 1000 Fatera 0 (5 ) to 1   1   1   1   1   1   1   1   1   1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 125			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   1b   0	1 '		I

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

Nο

19

20

Part	990 (2018)			Page
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines <b>V</b>
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a  33			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
5	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
b	Did the organization have local chapters, branches, or affiliates?			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
а	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	No
a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
a b a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes	No
a b .a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b		No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes	No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c	Yes Yes	No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
a b a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	No
a b a b c	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
a bab cabia b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	
la b la b c li a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	No
a b la b c la b la b la b la b la b la b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	

 $\square$  Own website  $\square$  Another's website  $\square$  Upon request  $\square$  Other (explain in Schedule O)

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high of reportable compensation (Box of and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	hours pe week (lis any hour for relate organizatio		Average hours per week (list any hours director)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Institutional Trustee Individual trustee or director		Truste		Highest compensated employee	Former	2,1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

1b Sub-Total	 	 -	<b>&gt;</b>		

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

5

PO BOX 828854 PHILADELPHIA, PA 19182

PRINTING PARTNERS 929 W 16TH STREET INDIANAPOLIS, IN 46202

Section B. Independent Contractors

compensation from the organization ▶ 2

ALLIED UNIVERSAL SECURITY SERVICES

								1						
1b 5	1b Sub-Total													
c T	otal from continuation sheets to Part	VII <b>, Section</b>	Α.			•								
_ d 7	d Total (add lines 1b and 1c)										118,942			
2	Total number of individuals (including be of reportable compensation from the organization)			se liste	ed ab	oove) w	ho rec	eived more than	\$100,0	000				
													Yes	No
3	Did the organization list any <b>former</b> off line 1a? <i>If "Yes," complete Schedule J fo</i>	•			•			-			n	3		No
	For any individual listed on line 1a, is th	o cum of rone	ortable	comp	ensai	tion an	othe	r compensation	from th	_				

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

5

(B)

Description of services

SECURITY

PRINTING

Νo

215,291

139,789

(C)

Compensation

Form 990 (2018)

	90 (20	·											Pa	age (
Part \	/III	Statement of					l	b D \/!!!					Г	_
		Check if Schedul	le O contains a	respo	onse or i	note to any	(	A) revenue	Rela exe fun	B) ted or empt ction enue	b	(C) nrelated ousiness evenue	(D)  Revenue excluded fro tax under sect	om tions
	1a F	ederated campaig	ns	1a				L	iev	enue			1 312 - 314	
T T	b N	Membership dues	j	<b>1</b> b		213,387								
E C	c F	undraising events	j	1c		122,725								
ΓÀ	d R	Related organizatio	ns	1d										
ı≣	e (	Sovernment grants (c	ontributions)	1e										
and Other Similar Amounts	а	all other contributions and similar amounts n above		1f		3,574,752								
and Oth	11	Noncash contribution lines 1a - 1f \$			1,479									
<u> </u>	h T	otal. Add lines 1a	-1f	•	• •	. <b>&gt;</b>		3,910,864						
ı						Business	Code	21	96,668	20	6,668			
교		ENT REVENUE					900099		48,818		8,818			
<u>\$</u>	_	MISSIONS & TICKET	REVENUE				900099		38,200		8,200			
406	_	TAIL SALES					900099		43,989		3,989			
Program Service Revenue	-	BLIC PROGRAMS					900099		30,000		0,000			
æ	e HI:	STORY ON WHEELS					900099							
DO.	f All	l other program se	rvice revenue						38,177	3	8,177			
๕ │	9 Total. Add lines 2a–2f ▶ 895,852													
	<b>3</b> Inv	estment income (i	ncluding divid	ends, ı	nterest,	and other	1							
	similar amounts)					•	<u> </u>	4,067,363	3				4,06	7,36
		_			ond prod	teeds ►								
	экоу	/alties	(ı) Real	•	(11)	Personal							_	
	<b>6a</b> Gr	oss rents	(1) 1154		(,		1							
	b Le	ess rental expenses		64,445 0			1							
		ental income or		64,445			1							
	•	oss) et rental income o	r (loss)				1	64,445					6	54,44
	<b>u</b> 11	et rental income o				· ► ) Other	<u> </u>							7,77
	fro ass	(1) Securities ( ss amount n sales of ets other n inventory		, ,	843	3								
	ot	ess cost or ther basis and ales expenses	54,3	72,924		13,969	- }							
		ain or (loss)	2	54,938		-13,126	4							
	<b>d</b> N	et gain or (loss) .				<b>&gt;</b>		241,812	2				24	1,81
Other Revenue	(n co	ross income from foot including \$	122,725 ed on line 1c)			900								
ا ۾	<b>b</b> Le	ss direct expense	s	b		39,174	1							
e	c Ne	et income or (loss)	from fundrais	ing ev	ents .	. •		-38,274	ŀ				-3:	88,27
Š		ross income from g ee Part IV, line 19		es <b>a</b>										
	b Le	ss direct expense	s	b			1							
	c Ne	et income or (loss)	from gaming	activit	ies .	. •								
		oss sales of invent turns and allowand		a										
	<b>b</b> Le	ss cost of goods s	sold	b			1							
	c Ne	et income or (loss)	from sales of	ınvent	ory .	. •	_							
		Miscellaneous	Revenue		Busir	ess Code								
	11a													
	b													
	_													
	с													
	_													
		other revenue .												
	e To	otal. Add lines 11a	-11d			•								
	12 To	otal revenue. See	Instructions			. •	1	9,142,062		895,85	2	_	0 4,33	5.34
								, = , 0 0 2	1	,00	1		Form <b>990</b> (2	

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses	-l All -kl		lata l (A)	
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	•	olete column (A)	
Check if Schedule O contains a response or note to any		(B)	(C)	· · · □
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	701,501	701,501		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	719,548	184,680	403,438	131,430
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,976,583	2,928,367	659,926	388,290
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	216,730	164,603	32,008	20,119
9 Other employee benefits	588,634	428,828	81,408	78,398
<b>10</b> Payroll taxes	332,899	226,947	68,832	37,120
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	2,909	1,701	1,208	
c Accounting	39,325		39,325	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	317,255		317,255	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	380,711	220,840	53,761	106,110
12 Advertising and promotion	345,690	344,900		790
13 Office expenses	330,709	232,709	31,108	66,892
14 Information technology	51,927	5,314	44,142	2,471
15 Royalties	4,603	4,603		
<b>16</b> Occupancy	627,601	201,398	361,279	64,924
17 Travel	100,622	76,844	10,340	13,438
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	10,507	8,339	2,168	

1,320,465

875,897

99,994

155,008

123,114

92,903

69,102

100,842

11,585,079

1,025,226

267,693

155,008

75,815

92,903

1,446,198

8,794,417

48,770

4,680

34,146

64,638

179,033

1,241,249

Form 990 (2018)

246,469

603,524

99,994

13,153

4,464

-1,524,389

1,549,413

20 Interest .

23 Insurance .

21 Payments to affiliates . . .

expenses on Schedule O )

d CULTIVATION ACTIVITIES

**b** MISCELLANEOUS

c HISTORY MARKET

e All other expenses

a YOU ARE THERE EXPERIENC

22 Depreciation, depletion, and amortization .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11** 

26,041,887

33.728

27.689.419

105.572.415

13,599,038

1.858.035

121,029,488

148,718,907

Form **990** (2018)

Form 990 (2018)

20

21

23

24

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27

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31

32

33

34

Assets or Fund Balances

Net

Liabilities 22 Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,974,125	1	1,177,672
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,313,383	3	2,860,106
1	4	Accounts receivable, net	19,996	4	18,467
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ets	6 7	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
SS	8	Inventories for sale or use	657,938	8	647,364
< < < < < < < < < < < < < < < < < < <	_		22.424		44.007

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	s(c)(3)(B), and of section 501(c)(9)		6					
ete	7	Notes and loans receivable, net	•			7				
Assets	8	Inventories for sale or use			657,938	8				
۷	9	Prepaid expenses and deferred charges	aid expenses and deferred charges							
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	50,262,486						
	ь	Less accumulated depreciation	10b	14,930,399	35,979,432	<b>10</b> c	35			
	11	Investments—publicly traded securities .			93,087,544	11	81			
	12	Investments—other securities See Part IV, line	11 .		10,116,047	12	12			
	13	Investments—program-related See Part IV, line	11 .			13				
	14	Intangible accets				1/1				

۹	9	Prepaid expenses and deferred charges		93,481	9	41,007	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	50,262,486			
	b	Less accumulated depreciation		14,930,399	35,979,432	10c	35,332,087
	11	Investments—publicly traded securities .	93,087,544	11	81,080,995		
	12	Investments—other securities See Part IV, line	10,116,047	12	12,836,009		
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,673,787	15	14,725,200
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	159,915,733	16	148,718,907
	17	Accounts payable and accrued expenses	1,280,528	17	1,583,416		
	18	Grants payable		18			
	19	Deferred revenue	52,632	19	30,388		

26,649,866

43.956

28.026.982

117.697.289

12,589,331

1,602,131

131,888,751

159,915,733

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID: Software Version:

**EIN:** 35-0876384

Name: INDIANA HISTORICAL SOCIETY

Form 990 (2018)

SCHOOLCHILDREN

Form 990, Part III, Line 4a:

INDIANA EXPERIENCE. THE INDIANA EXPERIENCE IS A NUMBER OF GUEST EXPERIENCES AND PROGRAMS AT THE FUGENE AND MARTLYN GLICK INDIANA HISTORY CENTER IN ADDITION TO THE YOU ARE THERE EXPERIENCE SPACES, THERE ARE OTHER PROGRAMMATIC OFFERINGS INCLUDING FESTIVAL OF TREES AND CIRCUS DAY ALL INDIANA EXPERIENCE SPACES AND OFFERINGS WERE DEVELOPED BY PAN-INSTITUTIONAL TEAMS 141.607 PEOPLE VISITED THE HISTORY CENTER, INCLUDING 7.359

# LIBRARYAT THE HEART OF THE INDIANA HISTORICAL SOCIETY IS ITS ARCHIVES AND LIBRARY COLLECTIONS, WHICH FEEDS ALL THE OTHER ACTIVITY AREAS OF IHS WITHOUT OUR SUBSTANTIAL COLLECTION OF PHOTOGRAPHS, DOCUMENTS, PERSONAL PAPERS AND OTHER RECORDS FROM THE PAST, WE WOULD NOT BE ABLE TO TELL

Form 990, Part III, Line 4b:

BUSINESSES 3,463 IMAGES WERE ADDED TO THE IMAGES IN IHS'S DIGITAL ONLINE COLLECTION, BRINGING THE NUMBER OF IMAGES AVAILABLE TO MORE THAN 85,145 1,036 COLLECTIONS/ITEMS WERE CATALOGED, PROCESSED, AND MADE ACCESSIBLE TO THE PUBLIC 470 NEW MANUSCRIPT, VISUAL AND PRINTED ITEMS WERE ADDED TO THE COLLECTION CONSERVATION LAB CONSERVATION LAB CONSERVATION LAB CONSERVATION FROSTRAM PROVIDED CONSULTATIONS TO 49 SMALL MUSEUMS AND NON-FOR-PROFIT ORGANIZATIONS ACROSS THE STATE IN ADDITION TO INDIVIDUAL REFERENCE REQUESTS, COLLECTIONS AND LIBRARY STAFF WROTE ARTICLES FOR BOTH 1HS AND EXTERNAL PUBLICATIONS. CONTRIBUTED CONTENT TO 1HS AND EXTERNAL

EXHIBITIONS, AND CONTINUED THE DEVELOPMENT OF THE DESTINATION INDIANA HIGH TECHNOLOGY EXHIBIT, ADDING 10 JOURNEYS, AS PART OF THE NEW INDIANA

EXPERIENCE PROGRAMS, BRINGING THE NUMBER OF JOURNEYS AVAILABLE TO 326 CONTAINING MORE THAN 3,980 IMAGES

THE STORIES OF OUR RICH HOOSIER HERITAGE OFTEN, THAT STORYTELLING BECOMES VERY PERSONAL AS OUR STAFF ASSISTS BOTH NOVICE FAMILY HISTORY SEEKERS AND MORE SCHOLARLY RESEARCHERS IN THEIR QUEST FOR KNOWLEDGE THE LIBRARY ASSISTED 6,479 VISITORS AND ANSWERED 3,943 REMOTE REQUESTS FOR INFORMATION. THE MOST POPULAR SUBJECTS INCLUDED FAMILLES, COMMUNITIES, AFRICAN-AMERICAN HISTORY, NOTABLE HOOSIERS, ARCHITECTURE, AND

#### PUBLIC PROGRAMSLOCAL HISTORY SERVICES AT THE HEART OF IHS'S EMPHASIS TO IMPACT ALL REGIONS OF THE STATE IS THE WORK OF LOCAL HISTORY SERVICES (LHS) ENSURING THE SUCCESS OF OUR PARTNERS IN LOCAL COMMUNITIES, LHS STAFF WORK WITH EACH OF THE STATE'S 86 COUNTY HISTORIANS AND PROVIDE

542,900 GUESTS VISITED 68 TRAVELING EXHIBITIONS THROUGHOUT THE STATE EDUCATION THE EDUCATION DEPARTMENT PROVIDES AUDIENCES OF ALL AGES WITH OPPORTUNITIES FOR ENGAGING AND LIFE-LONG LEARNING THE EDUCATION STAFF WORKS CLOSELY WITH EDUCATORS AND STUDENTS THROUGHOUT IN 7,476

CONSULTATIONS AND TRAINING TO COUNTY AND LOCAL HISTORICAL ORGANIZATIONS ACROSS IN IN 2018, LHS MADE 4,861 CONTACTS TRAVELING 19,268 MILES

EXHIBITIONS STAFF WERE HEAVILY INVOLVED WITH THE INDIANA EXPERIENCE 95.325 PEOPLE VISITED THE INDIANA EXPERIENCE

Form 990, Part III, Line 4c:

STUDENTS FROM 85 SCHOOLS PARTICIPATED IN THE NATIONAL HISTORY DAY IN INDIANA PROGRAM, WITH 60 STATE WINNERS ADVANCING TO THE NATIONAL

COMPETITION AND 19 RECEIVED AN AWARD PROJECTS AND GRANTS IHS AWARDED 51 HERITAGE SUPPORT GRANTS TOTALING \$701.501 02 EXHIBITIONS THE

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 508,145 including grants of \$ (Revenue \$ 528)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

IHS PRESS WRITES, EDITS, PRINTS AND PUBLICATIONS RELATED TO INDIANA HISTORY

PUBLIC RELATIONS PROVIDES GRAPHIC DESIGN FOR PUBLICATIONS AND SHARES IHS INFORMATION WITH THE COMMUNITY

(Code including grants of \$ (Revenue \$ (Expenses \$ 1,078,507

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code (Expenses \$ 448.561 including grants of \$ (Revenue \$ 297,109) EVENTS COORDINATES COMMUNITY RELATED EVENTS OCCURING IN THE IHS FACILITY

others, the total expenses, and revenue, if any, for each program service reported.

RETAIL SALES HISTORY MARKET PROVIDES INDIANA MADE ITEMS FOR SALE TO THE COMMUNITY

(Code including grants of \$ (Revenue \$ (Expenses \$ 363,944 238,200 ) Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code (Expenses \$ 39,630 including grants of \$ (Revenue \$

others, the total expenses, and revenue, if any, for each program service reported.

MEMBERSHIP SERVICES COORDINATES ACTIVITES FOR MEMBERS

FESTIVAL OF TREES. ANNUAL FESTIVAL RUNNING THANKSGIVING THROUGH NEW YEAR'S EVE. HOLIDAY EXHIBIT INCLUDING ELABORATELY DECORATED TREES AT THE HISTORY CENTER

(Code including grants of \$ ) (Revenue \$ (Expenses \$ 2.784 131.771 )

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

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

and Independent Contractors

SECRETARY

JERRY SEMLER

IMMEDIATE PAST CHAIR

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WANDA Y FORTUNE

TRUSTEE EMERITA

ADAM ARCENEAUX

WILLIAM W BARRETT

MEMBER

MEMBER

MEMBER

NANCY AYRES

	any hours	and	. a dır	ectc	r/trاد	rustee)	)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	101	13	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
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SUSAN R JONES-HUFFINE FIRST VICE CHAIR	1 00	1 1		x				0	0	0
MICHAEL A BLICKMAN	1 00	ĺ '					П		_	

SUSAN R JONES-HUFFINE	1 00	\ <sub>\( \</sub>	x		_	0	
FIRST VICE CHAIR		^				3	
MICHAEL A BLICKMAN	1 00	.,	\ ,				
SECOND VICE CHAIR		×	×		U	U	
CHARLES A LILES	1 00	V	V		0	0	
TREASURER		^	^		ľ	U	

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MICHAEL A BLICKMAN	1 00	V	_			0	0	
SECOND VICE CHAIR		^	^			0	Ŭ	
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
WILLIAM E BARTELT MEMBER	1 00	×						0	0	0
BONITA L CARTER MEMBER	1 00	x						0	0	0
ELIZABETH K CIERZNIAK MEMBER	1 00	х						0	0	0
MARK FERRARA MEMBER	1 00	×						0	0	0
DUSCELL JOCK FORTUNE III	1 00									

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MEMBER
MARK FERRARA
MEMBER
RUSSELL JOCK FORTUNE III

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

JAY L HICKS

STAN HURT

....... MEMBER

JAMES H MADISON

CRAIG M MCKEE

REBECCA ESPINOZA KUBACKI

and Independent Contractors

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

organization

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organizations

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

	ally flours	and a director, trustee,						Organization	Organizations	l moniture .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL H MILLER MEMBER	1 00	x						0	0	0
MICHAEL B MURPHY MEMBER	1 00	x						0	0	0
JEANNIE REGAN-DINIUS MEMBER	1 00	х						0	0	0
RICHARD A ROOKER MEMBER	1 00	x						0	0	0
CADDIE B DVAN	1 00									

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MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

ROBERT E SEXTON

**DENNY SPONSEL** 

ROBERT E SWINEHART

MARIANNE WILLIAMS TOBIAS

JULIE VIELLIEU-THOMPSON

......

and Independent Contractors

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

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

and a director/trustee)

organization

73,427

68,909

organizations

from the

20,701

21,359

20,985

	ally flours				Organization Organizations		organization and				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
GARY VIGRAN MEMBER	1 00	х						0	0	0	
JOSH WAKEFIELD MEMBER	1 00	х						0	0	0	
CHARLITTA WINSTON MEMBER	1 00	x						0	0	0	
JOHN A HERBST PRESIDENT & CEO	40 00			x				227,928	0	33,686	
ANDREW HALTER VP-DEVELOPMENT	40 00			х				109,220	0	22,211	

40 00

40 00

40 00 ...... 121,122 Χ

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JEFFERY MATSUOKA VP-BUSINESS & OPERATIONS

......

AMY LAMB

SUZANNE HAHN

VP-COLLECTIONS

VP-MARKETING & PUBLIC RELA

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efile	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493283002229
	m 99	OULE A	Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
		f the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information		Open to Public Inspection
am	e of th	<del>nie Service</del> <b>he organiza</b> TORICAL SOCI						Employer identific	<u> </u>
								35-0876384	
	rt I				<b>us</b> (All organization e it is  (For lines 1 thro			See instructions.	
1	- Gaiii.2		•		ssociation of churches	•	•	(A)(i).	
2		,			1)(A)(ii). (Attach Scl				
3					vice organization desc	`	, ,		
4		·	·	•	ed in conjunction with			•	nter the hospital's
_		name, city,			h -6 II				
5	Ш	_	ation operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or of	perated by a gov	rernmental unit descr	bed in <b>section 1/U</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	\)(v).	
7	<b>✓</b>	An organiza	ation that nor 'O(b)(1)(A)(	mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
0		from activit	ies related to income and i	its exempt fur inrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supportine	09(a)(1) or se	ction 509(a)(2	). See <b>section 509</b> (a	
a		<b>Type I.</b> A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in a the sare and C.				
С					supporting organizatio				ated with, its
d		Type III n	on-function	ally integrate The organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi	th its supported orga	
е		Check this	box if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	integrated supporting	organization			
g	Provi	de the follow	ing information	n about the su	pported organization(	s)			
	(i) <sup>∧</sup>	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
otal									
		work Reduc	tion Act Not	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

Page 2

	(Complete only if you ch III. If the organization fa						y under Part
S	ection A. Public Support			, ,			
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	5,382,047	4,287,225	2,997,351	9,807,161	3,910,864	26,384,64
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,439,232	1,399,482	1,143,539	1,096,042	1,057,198	6,135,49
4	<b>Total.</b> Add lines 1 through 3	6,821,279	5,686,707	4,140,890	10,903,203	4,968,062	32,520,14
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,732,56
6	Public support. Subtract line 5 from line 4						20,787,57
<u>S</u>	ection B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	6,821,279	5,686,707	4,140,890	10,903,203	4,968,062	32,520,14
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,152,233	5,405,400	2,935,508	3,272,308	4,131,808	21,897,25
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						54,417,39
12	Gross receipts from related activities,	etc (see instructio	ns)			12	3,397,91
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax vear as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>						
S	ection C. Computation of Public						
	Public support percentage for 2018 (lir			olumn (f))		14	38 200 °
	Public support percentage for 2017 Sci			. , ,		15	37 080 °
	33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or		
	and <b>stop here.</b> The organization quali <b>33</b> 1/3% <b>support test—2017.</b> If the	fies as a publicly s	upported organizat	tion			▶ ☑
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	t <b>—2018.</b> If the org n meets the "facts	janization did not o -and-circumstance	theck a box on line s" test, check this	box and stop her	<b>e.</b> Explain	▶□
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here.	▶□
18	supported organization <b>Private foundation.</b> If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	▶ □

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.)	)	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ection B. Total Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and <b>stop here</b>	<b>.</b>	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f	))	17	
18	Investment income percentage from 2	<b>017</b> Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	<b>33 1/3% support tests—2017.</b> If the						
J	not more than 33 1/3%, check this box	-			•		<b>▶</b> □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

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

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)				
	cupper unity or gamma units (community)		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		$\vdash$		
u	governing body of a supported organization?	11a			
h	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
	ection B. Type I Supporting Organizations	110			
	ection b. Type I Supporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or				
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		$\sqcup$		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2			
	organization				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>	
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j			
		1	$\vdash$		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)			
	The organization satisfied the Activities Test Complete line 2 below	-			
	b				
	c	ınstru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash$		
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26			

m\ <b>a</b>	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . . d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

#### **Additional Data**

# Software ID:

Software Version: EIN: 35-0876384

Name: INDIANA HISTORICAL SOCIETY

Page 8

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

instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

▶ Attach to Form 990.
 ▶ Go to www.irs.qov/Form990 for the latest information.

**DLN:** 93493283002229 OMB No 1545-0047

2018

Open to Public Inspection

	I <b>me of the organization</b> DIANA HISTORICAL SOCIETY				Emplo	oyer identification number
					35-087	
Pa	Organizations Maintaining Donor Advi				or Acco	unts.
	Complete if the organization answered "Ye	(a) Donoi			-	<b>b)</b> Funds and other accounts
1	Total number at end of year	(4) 501101	uuv	300 101103		by and other decounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	re in writing that th	355	ets held in donor a	lyuced fur	ads are the
	organization's property, subject to the organization's ex	clusive legal contro	7			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	r for	any other purpose	conferrin	g impermissible
Pa	rt II Conservation Easements. Complete if the	ne organization ai	iswe	red "Yes" on Fori	n 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	nat a	oply)		
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historica	ally important land area
	Protection of natural habitat			Preservation of a	certified I	historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on co	ntribution in the fo	rm of a <u>c</u>	onservation  Held at the End of the Year
а	Total number of conservation easements				2a 🗆	Tield at the End of the Teal
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified histori	c structure included	ın (a	)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register			•	2d	
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extingu	ishe	d, or terminated by	the orga	nization during the
4	Number of states where property subject to conservation	on easement is locat	ed ▶			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold:	ne periodic monitori		spection, handling	of violati	
6	Staff and volunteer hours devoted to monitoring, inspec		latio	ns, and enforcing c	onservatı	☐ <b>Yes</b> ☐ <b>No</b> on easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \begin{align*}	handling of violatio	ns, a	nd enforcing conser	vation ea	asements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(ii)$ ?	above satisfy the r	equir	ements of section 1	70(h)(4)	(B)(I)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				ement, and
Pai	<b>Triange of the Organizations Maintaining Collections</b> Complete if the organization answered "Yes				er Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	lucat	ion, or research in		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(	(i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$
C	ii)Assets ıncluded ın Form 990, Part X					<b>▶</b> \$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ncıal gaıı	· ·
а	Revenue included on Form 990, Part VIII, line 1	, , ,				<b>▶</b> \$
b	Assets included in Form 990, Part X					<b>▶</b> \$
	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990		Cat No.	522830	Schedule D (Form 990) 201

Par	t III	Organizations Ma	aintaining Coll	ections of	f Art, Hi	istori	cal Tı	reasi	ures, or	Other	Similar A	Assets (	contini	ued)	
3	_	the organization's acq (check all that apply)													
а	<b>✓</b>	Public exhibition				d	✓	Loar	or excha	nge prog	ırams				
b	✓	Scholarly research				e		Othe	er						
С	<b>✓</b>	Preservation for future	e generations												
4	Provid Part >	de a description of the o	organızatıon's coll	ections and	explain h	ow the	y furth	ner th	e organiza	ation's ex	xempt pur	oose in			
5		ig the year, did the orga is to be sold to raise fur									nılar	<b>☑</b> Ye	s	□ N-	n
Pa 1a	<b>rt IV</b> Is the	Escrow and Cust Complete if the org X, line 21.	ganization answ	ered "Yes"										990,	Part
		ded on Form 990, Part )				·						☐ Ye	s	□ N	D
b	If "Ye	es," explain the arrange	ement in Part XIII	and complet	te the foll	owing	table					Amount			_
С	Begin	nning balance								1c					_
d	Addıtı	ions during the year								1d					_
е	Dıstrı	butions during the year	-							1e					_
f	Endin	ng balance								1f					_
2a	Dıd th	he organization include	an amount on Fo	rm 990, Part	t X, line 2	1, for	escrow	or cu	ustodial ad	count lia	ability?	. 🗆 Үе	s	<u></u> п	– D
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here	If the exp	planati	on has	beer	provided	l in Part :	XIII	. $\square$			
Pā	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organi	zation ar	nswer	ed "Y	es" o	n Form 9	990, Par	t IV, line	10.			
				(a)Current	year	<b>(b)</b> Pr	ıor yea	r	(c)Two ye	ars back	(d)Three y	ears back	<b>(e)</b> Fo	ur year	s back
1a	Beginn	ing of year balance .		94,0	606,098		89,758	3,675	91	6,296,541	10	4,077,777		103,7	756,175
b	Contrib	outions			250,622			7,625		29,434		2,229,149			75,652
С	Net inv	estment earnings, gair	ns, and losses	-4,:	538,079		12,534	1,922		6,754,301	-	2,484,861		1,7	742,387
d	Grants	or scholarships	•												
е		expenditures for facilitie ograms	es	7,3	719,476		7,725	5,124	1	3,321,601		7,525,524		7,4	196,437
f	Admını	strative expenses .													
g	End of	year balance		82,	599,165		94,606	5,098	8!	9,758,675	9	6,296,541		104,0	77,777
2	Provid	de the estimated percei	ntage of the curre	nt year end	balance (	line 1g	g, colu	mn (a	i)) held as	5					
а	Board	d designated or quasi-e	ndowment 🟲	97 860 %											
b	Perma	anent endowment 🟲	1 850 %												
С	Temp	orarily restricted endov	wment ► 0 29	90 %											
		percentages on lines 2a,													
3a		here endowment funds	not in the possess	sion of the o	rganizatio	on that	are h	eld ar	nd adminis	stered fo	r the		г	Yes	No
	-	nrelated organizations										3:	a(i)	res	No
	• •	elated organizations			• •	• •	•						(ii)		No
b		es" on 3a(II), are the rel		s listed as re	equired or	n Sche	 dule R	· .					3b		
4		ribe in Part XIII the inte											I		
Pa	rt VI	Land, Buildings,	and Equipmer	nt.											
		Complete if the or	ganization answ	ered "Yes"											
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost o	r other	basıs (d	other)	(c) Accu	ımulated o	depreciation	(	<b>d)</b> Boo	k value	9
1a	Land														
b	Buildin	gs					43,57	78,569			14,930,399	)		28	,648,170
С	Leaseh	old improvements					2	23,038							23,038
	Faunm	· · · · · · · · · · · · · · · · · · ·						54.444						5	.254.444

1,406,435

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

1,406,435

35,332,087

Part VII Investments—Other Securities. Complete if the	he organization answe	ered "Yes" on Form 9	90, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial derivatives		Cost of end-t	or-year market value
(2) Closely-held equity interests			_
(A) INVESTMENTS - LAKE CITY BANK	10,503,368		С
(B) ENDOWMENT - LAKE CITY BANK (C)	2,332,641		С
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	12,836,009		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on I	Form 990 Part IV lin	e 11c. See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Meth	od of valuation
(1)		Cost or end-o	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered	d 'Yes' on Form 990, Part	t IV, line 11d See Form	990, Part X, line 15
(a) Description (1) BOND ISSUANCE COSTS			<b>(b)</b> Book value 351,819
(2) COLLECTIONS			14,373,381
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization a	answered 'Yes' on For	m 990. Part IV. line 1	14,725,200 11e or 11f.
See Form 990, Part X, line 25.		ok value	
1. (a) Description of Hability  (1) Federal income taxes	(6) 60	ok value	
CAPITAL LEASE OBLIGATION		33,728	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>b</b>	33,728	
2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC			_

Part XI

2

4

b

c

Part XII

5

1

2

d

3

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

-8,416,246

1.057.198

52,300

317,255

1,057,198

52,300

317,255

2e

3

4c

5

2e

3

4c

5

Page 4

-7,306,748

8,824,807

317,255

9,142,062

12,377,322

1,109,498

11,267,824

317,255

11.585.079

Schedule D (Form 990) 2018

# Subtract line 2e from line 1 . . . . 3

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d .

Return Reference

Prior year adjustments . . . . . .

Other (Describe in Part XIII ) . . . . . .

а	Net unrealized gains (losses) on investments	2a
b	Donated services and use of facilities	2b
С	Recoveries of prior year grants	2c
d	Other (Describe in Part XIII )	2d
e	Add lines 2a through 2d	

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses and losses per audited financial statements . . . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# Additional Data

Software Version: EIN: 35-0876384

Name: INDIANA HISTORICAL SOCIETY

OTOGRAPHS, PAINTINGS, MOTION PICTURE FILMS AND VIDEO TAPES THESE ITEMS ARE SIGNIFICANT TO INDIANA'S HISTORY AND PRESERVATION OF THE ITEMS IS KEY TO THE ORGANIZATIONS PURPOSE

## **Supplemental Information**

Return Reference	Explanation
PART III, LINE 4	THE IHS'S COLLECTIONS ARE CLASSIFIED IN THREE CATEGORIES - MANUSCRIPTS AND ARCHIVES, WHIC H INCLUDE ARCHITECTURAL DRAWINGS, BUSINESS RECORDS, LEDGERS AND PERSONAL PAPERS, DIARIES, ORAL HISTORIES AND LETTERS - PRINTED COLLECTIONS, WHICH INCLUDE BOOKS, PAMPHLETS, SERIALS, BROADSIDES, SHEET MUSIC, PRINTED EPHEMERA AND MAPS - VISUAL COLLECTIONS, WHICH INCLUDE PH

Software ID:

Return Reference	Explanation
PART V, LINE 4	THE BOARD APPROVED DRAW FROM THE OPERATING ENDOWMENT TO SUPPORT OPERATIONS FOR FISCAL 2018  WAS 5 3% (4 625% IN FISCAL 2017) IN 2018, THE BOARD APPROVED A 5 76% DRAW FROM THE OPERA TING ENDOWMENT TO SUPPORT OPERATIONS IN FISCAL 2019 THE DRAW FROM THE OPERATING ENDOWMENT  FOR BOND DEBT SERVICE AND FEES WAS 2 08% AND 1 90% IN 2018 AND 2017, RESPECTIVELY FOR THE COLLECTIONS STEWARDSHIP ENDOWMENT, THE BOARD HAS APPROVED A 3 75% SPENDING DRAW IN ESTA

Supplemental Information

BLISHING THIS POLICY, IHS CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT THIS IS CONSISTENT WITH IHS'S OBJECTIVE TO MAINTAIN THE PURCHASING POWERE OF THE ENDOWMENT ASSE

TS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	IHS IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION OTHER THAN A PRIVATE FOUNDATION, AND IS E XEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE A ND SIMILAR STATE LAW ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AME RICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY IHS AND RECOGNIZE A TAX LIABILI TY IF IHS HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY IHS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNIT ION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS AS SUCH, IHS IS GENERALLY EXEMPT FROM INCOME TAXES HOWEVER, IHS IS REQUIRED TO FILE FEDERAL FORM 990 - R ETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, AND A SIMILAR STATE RETURN, WHICH ARE INFORM ATIONAL RETURNS ONLY IHS IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS HOWEVER, A S OF THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS F OR ANY TAX PERIODS IN PROGRESS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 39,174 LOSS ON SALE OF ASSETS 13,126

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 39,174 LOSS ON SALE OF ASSETS 13,126

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493283002229 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** INDIANA HISTORICAL SOCIETY 35-0876384 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule G (Form 990 or 990-EZ) 2018					Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent  \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493283002229 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number INDIANA HISTORICAL SOCIETY 35-0876384 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 26 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Page 2

Schedule I (Form 990) 2018

Part III

(3) (4) (5)

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

(6) (7) Part IV Return Reference **Explanation** PART I, LINE 2 IHS MAY MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS UNDER ANY HERITAGE SUPPORT GRANT, WHICH MAY INCLUDE VISITS BY REPRESENTATIVES OF THE IHS TO OBSERVE THE GRANTEE'S PROCEDURES AND OPERATIONS IN CONNECTION WITH THIS GRANT AND TO DISCUSS THE GRANT WITH THE GRANTEE'S PERSONNEL VOUCHERS CONSISTING OF BILLS, INVOICES, CANCELLED CHECKS, RECEIPTS, ETC , WHICH DOCUMENT THE DISBURSEMENT OF FUNDS FOR THIS GRANT, ARE RETAINED BY THE GRANTEE FOR AT LEAST TWO YEARS AFTER FINAL DISBURSEMENT OF THE GRANT AND MAY BE EXAMINED BY THE IHS

REPRESENTATIVES UPON REASONABLE NOTICE THE IHS MAY INSPECT. AUDIT, OR COPY THE GRANTEE'S RECORDS THE USE OF GRANT FUNDS IS RESTRICTED SOLELY TO THE PURPOSE OF THE GRANT AND SHOULD BE SO DESIGNATED ON GRANTEE ACCOUNTING AND FINANCIAL RECORDS GRANT FUNDS MUST BE MANANGED FROM AN ORGANIZATION-HELD ACOUNT AND MAY NOT BE HELD IN A PERSONAL ACCOUNT GRANTS OF \$15,000 OR MORE MUST BE DEPOSITED IN AND MANAGED FROM A SEPARATE ACOUNT SET UP SPECIFICALLY FOR THE HERITAGE SUPPORT GRANT. AT THE END OF EACH GRANT TERM, ORGANIZATIONS ARE

### **Additional Data**

(a) Name and address of

organization

BARTHOLOMEW COUNTY

HISTORICAL SOCIETY

**524 THIRD STREET** COLUMBUS, IN 47201

#### Software ID: Software Version:

**EIN:** 35-0876384

Name: INDIANA HISTORICAL SOCIETY

arant

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

or government		377	g. <del>g</del>	assistance	other)	
BARTHOLOMEW COUNTY	35-6054308	501(C)(3)	4,999			

HISTORICAL SOCIETY 524 THIRD STREET COLUMBUS, IN 47201

(c) IRC section

if applicable

**(b)** EIN

35-6054308

(d) Amount of cash (e) Amount of noncash

(f) Method of valuation

(q) Description of

(h) Purpose of grant or assistance

(book, FMV, appraisal, non-cash assistance

PURCHASE ARCHIVAL SUPPLIES

DESIGN/FABRICATE **EXHIBIT** 

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-0919446 501(C)(3) 4.999 CEDAR LAKE HISTORICAL REPAIR WRAP-AROUND ASSOCIATION PORCH-LAKE OF RED CEDARS MUSEUM

PO BOX 421
CEDAR LAKE, IN 46303

CEDAR LAKE HISTORICAL
ASSOCIATION

CEDAR S MUSE

FOUNDATION
REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 421

CEDAR LAKE, IN 46303

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assistance or assistance DELAWARE COUNTY 23-7218930 501(C)(3) 10,000 PHASE II CATALOGING

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

FEES/PASTPERFECT

DDOJECT

120 E WASHINGTON ST MUNCIE, IN 47305					PROJECT
ELKHART COUNTY HISTORICAL SOCIETY 304 W VISTULA ST PO BOX	31-1020569	501(C)(3)	37,000		ARCHIVIST SALARY/PAYROLL TAXES &

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

LITCTORICAL COCTETY

BRISTOL, IN 46507

434

**(b)** EIN

(b) EIN (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-1020569 501(C)(3) 4,000 ELKHART COUNTY DESIGN/FABRICATE/INSTALL

(e) Amount of non- (f) Method of valuation

CROSSROADS EXHIBIT

IROOM

304 W VISTULA ST PO BOX 434 BRISTOL, IN 46507					CROSSINGADS EXHIBIT
FRIENDS OF CULBERTSON MANSION	35-2017461	501(C)(3)	50,000		REPAIR/RESTORE MIDDLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) Amount of cash

(c) IRC section

(a) Name and address of

HISTORICAL SOCIETY

NEW ALBANY, IN 47150

914 E MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-1990952 501(C)(3) 10.000 ROOF REPLACEMENT FRIENDS OF THORNTOWN PUBLIC LIBRARY INC

124 N MARKET ST THORNTOWN, IN 46071 FRIENDS OF WARD TOWNSHIP 42-2000442 501(C)(3) 50.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WINCHESTER, IN 47394

INTERIOR DISTRICT 5 SCHOOL RESTORATION PO BOX 172

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 10.000 FRIENDS OF WYNEKEN 81-5441600 INSTALL LIGHTING 1571 E 1100 N PROTECTION RODS/SPRINKLER

DECATUR, IN 46733

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROCHESTER, IN 46975

SYSTEM 51-0136761 501(C)(3) 28.010 REPAIR PIONEER FULTON COUNTY HISTORICAL SOCIETY WOMAN'S LOG CABIN 37 F 375 N

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

HAAN MUSEUM OF INDIANA ART 920 STATE ST LAFAYETTE, IN 47905	20-5767127	501(C)(3)	15,000		INSTALL FIRE DETECTION NOTIFICATION SYSTEM & AUXILIARY EQUIPMENT
HISTORIC NEW CARLISLE INC	35-1778480	501(C)(3)	1 975		DUDCHASE ARCHIVAL

HISTORIC NEW CARLISLE INC 35-1//8489 20T(C)(3) 1,9/5 I PURCHASE ARCHIVAL 304 E MICHIGAN ST PO BOX SUPPLIES 107

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW CARLISLE, IN 46552

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 35-1778489 501(C)(3) 10.000 HISTORIC NEW CARLISLE INC ISECURE BASEMENT FOR ACHIVAL STORAGE

WORKSHOPS"

304 E MICHIGAN ST PO BOX 107 NEW CARLISLE, IN 46552 "SHARE YOUR

501(C)(3) 20.000 INDIANA ALBUM INC 47-5011860 716 DORMAN ST PHOTOGRAPHS SCAN-

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS, IN 46202 A-THONS &

(book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance other) or government assistance 23-7206589 501(C)(3) 30.000 INDIANA MEDICAL HISTORY CATALOG/ORGANIZE COLLECTIONS

(e) Amount of non-(f) Method of valuation

(g) Description of

(h) Purpose of grant

MUSEUM 3045 W VERMONT ST INDIANAPOLIS, IN 46222

IRVINGTON HISTORICAL 35-1939777 501(C)(3) 5.000 ARCHIVE PRESERVATION MATERIALS/SOFTWARE/HARDWARE

SOCIETY

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

5350 F UNIVERSITY AVE INDIANAPOLIS, IN 46219 (b) EIN

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

COMPUTER EQUIP &

SOFTWARE/DIGITIZATION

BROWNSTOWN, IN 47220	CENTER 105 N SUGAR ST	35-1620241	501(C)(3)	10,000		I .	HELLER & BALL MUSI
----------------------	--------------------------	------------	-----------	--------	--	-----	--------------------

4.872

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

MICHIANA JEWISH

HISTORICAL SOCIETY

3202 SHALOM WAY SOUTH BEND, IN 46617

(a) Name and address of

**(b)** EIN

35-1913792

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (f) Method of (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant non-cash valuation or assistance (book, FMV, or government assistance appraisal, other) MICHIANA JEWISH 35-1913792 501(C)(3) 21.000 SCANNING/CONVERSION/DEVELOPMENT/PROCESSING

HISTORICAL SOCIETY **IMETADATA** 3202 SHALOM WAY SOUTH BEND, IN 46617

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CARMEL, IN 46032

MUSEUM OF MINIATURE 35-1840276 501(C)(3) 4.982 LIGHTING TO ILLUMINATE MINIATURES HOUSES 111 E MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-1840276 501(C)(3) 6.800 MUSEUM OF MINIATURE ADD NORTH/SOUTH HOUSES TRACK LIGHTING

111 F MAIN ST CARMEL, IN 46032 NORTH MANCHESTER 35-1434591 501(C)(3) 4.999

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REPAIR SUPPORTING HISTORICAL SOCIETY WALL/REBUILD 122 F MAIN ST PO BOX 361 STAIRWAY ACCESS MANCHESTER, IN 46962

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-1434591 501(C)(3) 45.700 COLLECTIONS NORTH MANCHESTER

AT JW RILEY BOYHOOD

HOME & MUSEUM

MANCHESTER, IN 46962				
122 E MAIN ST PO BOX 361				UPGRADES
HISTORICAL SOCIETY		,		SECURITY/SAFETY

RILEY OLD HOME SOCIETY 50.000 IADDITION TO MUSEUM 35-1720944 501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

244 W MAIN ST

GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOCIETY

52 W BROADWAY ST SHELBYVILLE, IN 46176

RUSH COUNTY HERITAGE INC 6352 W 650 S RUSHVILLE, IN 46173	31-1190491	501(C)(3)	50,000		SYSTEM
SHELBY COUNTY HISTORICAL	35-6042230	501(C)(3)	4,841		PURCHASE ARCHIVAL

SUPPLIES

(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

(e) Amount of non-

CABINETS/PRESERVATION

MATERIALS/WATER

MUSEUM

IDETECTORS-CHURCH

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

SHELBY COUNTY HISTORICAL	35-6042230	501(C)(3)	11,748		ASBESTOS
SOCIETY					REMEDIATION-GROVER
52 W BROADWAY ST					MUSEUM
CHEIRWITHE IN 46176					

10.000

SHELBYVILLE, IN 461/6 ST JOHN PRESBYTRIAN

NEW ALBANY, IN 47150

CHURCH

1307 F FLM ST

(a) Name and address of

(b) EIN

35-1153370

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-1358520 501(C)(3) 15.000 SUGAR CREEK HISTORICAL FENCING/HISTORICAL SOCIETY MARKER-COLORED CEMETERY

EMPLOYEE TO CATALOG

COLLECTION

SOCIETY
124 N MARKET ST
THORNTOWN, IN 46071

TIPTON COUNTY HISTORICAL 35-1940387 501(C)(3) 15,080

HIRE TEMPORARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOCIETY

323 W SOUTH ST

TIPTON, IN 46072

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-6066728 501(C)(3) 10.000 VIRGIL I GRISSOM MEMORIAL REPLACE ROOFING-GUS

IMPROVEMENT PROJECT

715 W GRISSOM AVE PO BOX GRISSOM BOYHOOD 431 MITCHELL, IN 47446

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MUSEUM

36 F MARKET ST WABASH, IN 46992

HOME WABASH COUNTY HISTORICAL 35-2087230 501(C)(3) 25.515 PHASE II COLLECTIONS

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-2087230 501(C)(3) 3.400 WABASH COUNTY HISTORICAL COMPUTER

WORKSTATIONS-

COLLECTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MUSEUM

36 F MARKET ST

WABASH. IN 46992

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9328	3002	229	
Sch	nedule J	Co	ompensat	ion Information	40	IB No	1545-0	0047	
(Fori	m 990)		Compensa Janization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV h to Form 990.	hest , line 23.	2018			
•	tment of the Treasury	► Go to <u>www.irs.go</u>		r instructions and the latest infor	mation.		to Pul		
	al Revenue Service ne of the organiza	ation			Employer identificat		ectio ımber		
IND	IANA HISTORICAL S	OCIETY			35-0876384				
Pa	rt I Questi	ons Regarding Compensa	tion		33 00/030				
	<del></del>						Yes	No	
1a				of the following to or for a person liste The relevant information regarding the					
	First-class	or charter travel	$\mathbf{\nabla}$	Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of perso					
		nification and gross-up payment	s 📙	Health or social club dues or initiati					
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)				
b		kes in line 1a are checked, did tl ill of the expenses described abo		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b		No	
2				or allowing expenses incurred by all or, regarding the items checked in line	- 1-2	2	Yes		
	directors, truste	es, officers, including the CEO/E	executive Directo	or, regarding the items checked in line	e la?				
3	organization's C	EO/Executive Director Check al	I that apply Do	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	☐ Compens	ation committee		Written employment contract					
		ent compensation consultant	<u> </u>	Compensation survey or study					
		of other organizations	<b>✓</b>	Approval by the board or compensa	ation committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b		r receive payment from, a suppl		lified retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equi	ty-based compe	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section Contingent on the revenues of		the organization pay or accrue any					
а	The organization	٦٦				5a		No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section on tingent on the net earnings of		the organization pay or accrue any					
а	The organization					<b>6</b> a		No	
b	Any related orga					6b		No	
_	·	6a or 6b, describe in Part III		<b>.</b>	ن				
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe art III	a	7		No	
8				ired pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follo	w the rebuttable	e presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No	50053T Schedule J	(Form	1990)	2018	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 JOHN A HERBST 227,130 (i) 0 798 18,170 15,516 261,614 0 PRESIDENT & CEO 0 0 0 (ii) 0 0

Denouale 5 (1 01111 550) 2010	rage 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
·	PRESIDENT/CEO JOB DESCRIPTION REQUIRES HIM TO SERVE AS RESIDENT CURATOR OF HOUSE LOCATED AT 555 KESSLER BOULEVARD, INDPLS, IN AS RESIDENT CURATOR HE IS REQUIRED TO HOST FREQUENT AND VARIED EVENTS EACH MONTH FOR TRUSTEES, MEMBERS, DONORS AND COMMUNITY LEADERS HE PROVIDES OVERNIGHT ACCOMMODATIONS AT THIS RESIDENCE FOR OUT OF TOWN TRUSTEES. CONSULTANTS AND SPEAKERS, MANY OF THESE EVENTS

EVENINGS AND DURING WEEKENDS THE PROPERTY WAS VACATED AND THE TIME AS CURATOR ENDED IN MAY 2018

OCCUR OUTSIDE OF REGULAR BUSINESS HOURS, WITH AN AVERAGE OF OVER FORTY EVENTS PER YEAR. THE PRESIDENT/CEO PERSONALLY MAINTAINS THE HISTORIC GARDENS ON AN APPROXIMATE HALF ACRE AROUND THE HOUSE AS PART OF HIS DUTIES AS RESIDENT CURATOR INVOLVING MANY HOURS IN

Page 3

Schedule 1 (Form 990) 2018

2018 Schedule 1

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K

(Form 990)

Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

2018

OMB No 1545-0047

DLN: 93493283002229

Open to Public

Inspection

explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service Name of the organization Employer identification number INDIANA HISTORICAL SOCIETY 35-0876384 **Bond Issues** Part I (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (h) On (i) Pool (a) Issuer name (e) Issue price (g) Defeased behalf of financing ıssuer Yes No Yes No Yes No INDIANA FINANCE AUTHORITY 35-0876384 09-30-2010 646.884 *IEDUCATIONAL FACILITIES* Χ Х Х 455057A66 REVENUE BONDS SERIES 2010 INDIANA FINANCE AUTHORITY 35-0876384 455057A74 09-30-2010 669,227 EDUCATIONAL FACILITIES Х Χ Х REVENUE BONDS SERIES 2010 INDIANA FINANCE AUTHORITY 35-0876384 455057A82 09-30-2010 685.514 EDUCATIONAL FACILITIES Х Χ Х REVENUE BONDS SERIES 2010 3,782,577 EDUCATIONAL FACILITIES INDIANA FINANCE AUTHORITY 35-0876384 455057B40 09-30-2010 Χ Х Х REVENUE BONDS SERIES 2010 Part II **Proceeds** C 3 630,000 660,000 685,000 3,870,000 4 5 6 7 8

9

10 11 12 13

Were the bonds issued as part of a current refunding issue? . . . . 14

Were the bonds issued as part of an advance refunding issue? . . . . . 15 Has the final allocation of proceeds been made? . . . . . . . . . . . 16 Does the organization maintain adequate books and records to support the final allocation of 17 

**Private Business Use** 

Part Ⅲ

Was the organization a partner in a partnership, or a member of an LLC, which owned property 

Are there any lease arrangements that may result in private business use of bond-financed

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

Х
Х

Α

Yes

Х

Χ

Χ

Yes

		^	
Cat	No	50193E	

Nο

Χ

No

Yes

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Yes

В

No

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No

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Yes

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Χ

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Yes

C

No

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No

Χ

Χ

### Schedule K (Form 990) 2018

Yes

Х

Χ

Χ

Yes

D

No

Χ

No

Arbitrage

C

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6

Part IV

C

Х

Х

1 800 %

1 800 %

Χ

Χ

Χ

No

Χ

Х

D

Yes

Χ

Schedule K (Form 990) 2018

Page 2

D

Yes

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C

No

Χ

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В

No

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Yes

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Yes

Χ

No

Χ

Χ

1 800 %

1 800 %

Χ

Χ

Χ

Yes

Χ

C

No

Χ

Х

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . . Exception to rebate? . . . . . . . . 

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . .

Term of hedge . . . . . . . . . . Was the hedge superintegrated? . . . . . 

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Х

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

CERTAIN COSTS ASSOCIATED WITH THE ISSUANCE OF THE BONDS.

Yes

Nο

Explanation

SUCH PROCEEDS, ALONG WITH OTHER FUNDS OF THE SOCIETY, WERE APPLIED TO REFUND ALL OUTSTANDING INDIANA DEVELOPMENT FINANCE AUTHORITY

VARIABLE RATE DEMAND EDUCATION FACILITIES REVENUE BONDS, SERIES 1997 AND 1996, FUND A DEBT SERVICE RESERVE FUND FOR THE BONDS, AND PAY

Χ

Yes

Χ

No

Yes

Page 3

Nο

Χ

Yes

No

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X	X	Х	Х
ь	Name of provider				

Schedule K (Form 990) 2018

period?

Part V

Part VI

(CONTINUED)

requirements of section 148? . . .

Return Reference

(F) DESCRIPTION OF PURPOSE

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

#### Additional Data

Software ID: Software Version:

ASSOCIATED WITH THE ISSUANCE OF THE BONDS

**EIN:** 35-0876384

Return Reference	Explanation
(F) DESCRIPTION OF PURPOSE	SUCH PROCEEDS, ALONG WITH OTHER FUNDS OF THE SOCIETY, WERE APPLIED TO REFUND ALL OUTSTANDIN
(CONTINUED)	INDIANA DEVELOPMENT FINANCE AUTHORITY VARIABLE RATE DEMAND EDUCATION FACILITIES REVENUE BOI
	SERIES 1997 AND 1996, FUND A DEBT SERVICE RESERVE FUND FOR THE BONDS, AND PAY CERTAIN COSTS

Explanation IDS OF THE SOCIETY, WERE APPLIED TO REFUND ALL OUTSTANDING TY VARIABLE RATE DEMAND EDUCATION FACILITIES REVENUE BONDS.

Name: INDIANA HISTORICAL SOCIETY

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

2018

OMB No 1545-0047

DLN: 93493283002229

Open to Public

Inspection

Yes

Х

Χ

Χ

Yes

D

No

Χ

No

Employer identification number

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

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

INDIANA HISTORICAL SOCIETY 35-0876384 **Bond Issues** Part I (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (h) On (i) Pool (a) Issuer name (e) Issue price (g) Defeased behalf of financing ıssuer Yes No Yes No Yes No INDIANA FINANCE AUTHORITY 35-0876384 09-30-2010 5.224.251 EDUCATIONAL FACILITIES Χ Х Х 455057A90 REVENUE BONDS SERIES 2010 INDIANA FINANCE AUTHORITY 35-0876384 455057B24 09-30-2010 6.788,266 EDUCATIONAL FACILITIES Х Χ Х REVENUE BONDS SERIES 2010 INDIANA FINANCE AUTHORITY 35-0876384 455057B32 09-30-2010 8,702,055 EDUCATIONAL FACILITIES Х Χ Х REVENUE BONDS SERIES 2010 INDIANA FINANCE AUTHORITY 35-0876384 455057A58 09-30-2010 628.190 EDUCATIONAL FACILITIES Χ Х Х REVENUE BONDS SERIES 2010 Part II **Proceeds** C D 3 5,325,000 6,885,000 8.905.000 630,000 4 5 6 7 8 9 10 11 12 13

Yes

Х

Χ

Χ

Α

Were the bonds issued as part of a current refunding issue? . . . . 14 Were the bonds issued as part of an advance refunding issue? . . . . . 15 Has the final allocation of proceeds been made? . . . . . . . . . . . 16

17

Part Ⅲ

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Does the organization maintain adequate books and records to support the final allocation of 

**Private Business Use** 

Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ 

Cat No 50193E

Nο

Χ

Yes

Х

Χ

Χ

Yes

В

No

Χ

No

Χ

Yes

Х

Χ

Χ

Yes

Χ Χ Schedule K (Form 990) 2018

C

No

Χ

No

Χ

Arbitrage

C

d

6

Part IV

C

Х

Х

1 800 %

1 800 %

Χ

Χ

Χ

No

Χ

Х

D

Yes

Χ

Schedule K (Form 990) 2018

Page 2

D

Yes

Х

C

No

Χ

Χ

1 800 %

1 800 %

Χ

Х

Χ

Yes

Α

Χ

Nο

Х

Х

1 800 %

1 800 %

Х

Χ

Χ

Yes

Χ

В

No

Χ

X

Α

No

Х

Х

Yes

Х

Yes

Χ

No

Χ

Χ

1 800 %

1 800 %

Χ

Χ

Χ

Yes

Χ

C

No

Χ

Х

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . . Exception to rebate? . . . . . . . . 

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . .

Was the hedge superintegrated? . . . . . 

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Arbitrage (Continued)		
		4
	Yes	No

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

В

No

Χ

Yes

В

No

Yes

No

Yes

Yes

Α

No

Explanation

Yes

Х

Page 3

No

D

D

Nο

Yes

Yes

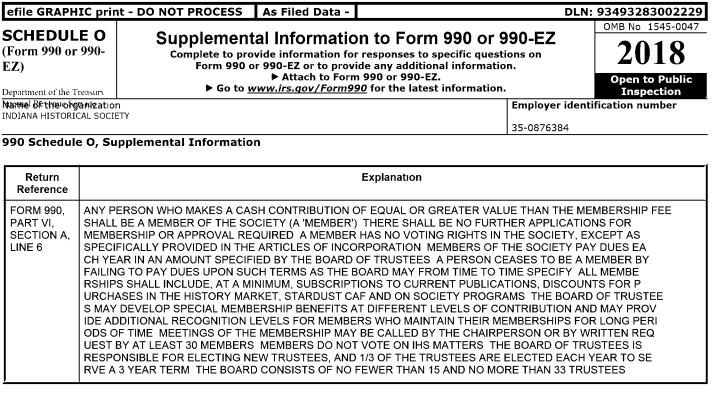
Χ

Schedule K (Form 990) 2018

No

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493283002229 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** INDIANA HISTORICAL SOCIETY 35-0876384 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 38,030 DONOR DESIGNATED Art-Historical treasures Χ 3 Art—Fractional interests Books and publications Χ 5,541 DONOR DESIGNATED Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 457,738 FAIR MARKET VALUE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Х 30,150 INTERN/EXTERN APPRAISAL 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . 23 Scientific specimens . . . 24 Archeological artifacts . . 25 Other ▶ ( Χ 0 20 DONOR DESIGNATED VARIOUS GIFTS ) 26 Other ▶ ( \_\_\_\_\_ 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2
I, column (b), t	I <b>Information.</b> Deprivation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part the number of contributions, the number of items received, or a combination of both. Also complete y additional information.
Return Reference	Explanation
PART I, LINE 32B	IF A GIFT OF STOCK IS RECEIVED, THE IHS USES KEY BANK BROKERAGE ACCOUNT TO SELL THE STOCK ANY GIFT OF REAL PROPERTY IS SOLD IMMEDIATELY THROUGH EXTERNAL REAL ESTATE AGENT
	Schedule M (Form 990) (2018)



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF FORM 990 AND NP-20 IS REVIEWED FIRST BY THE CONTROLLER ANY CHANGES ARE COMMUNI CATED TO THE ORGANIZATION'S ACCOUNTING FIRM AFTER CHANGES ARE MADE THE FOLLOWING REVIEW P ROCESS TAKES PLACE - SENIOR MANAGEMENT TEAM REVIEWS THE FORM 990 AND NP-20 ANY CHANGES A RE COMMUNICATED TO THE ORGANIZATION'S ACCOUNTING FIRM - AFTER CHANGES ARE MADE THE RETURN S ARE THEN SENT TO THE AUDIT COMMITTEE FOR FINAL REVIEW ANY CHANGES ARE COMMUNICATED TO T HE ORGANIZATION'S ACCOUNTING FIRM - FINAL RETURNS ARE SENT TO THE CONTROLLER RETURNS ARE SIGNED BY VP-BUSINESS AND OPERATIONS AND ARE SENT VIA CERTIFIED MAIL (RETURN RECEIPTS REQ UESTED) COPIES OF RETURNS ARE KEPT IN THE ACCOUNTING OFFICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES, STAFF, AND PAID INTERNS OF THE INDIANA HISTORICAL SOCIETY ARE REQUIRED TO DI SCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS VIA THE CODE OF ETHICS FOR BOARD AND ST AFF OF THE INDIANA HISTORICAL SOCIETY THIS DOCUMENT OUTLINES ETHICAL EXPECTATIONS REGARDI NG ACCESS, ACCESSIONING, DEACCESSIONING, APPRAISALS, PRESERVATION, THEFT, PERSONAL RESEARC H, AWARDS, PERSONAL COLLECTING, AND PERSONAL DEALING WHERE CONFLICTING INTERESTS CANNOT BE AVOIDED, THEY MUST AT LEAST BE DISCLOSED AND PROPERLY HANDLED SO AS TO MINIMIZE THEIR IM PACT. THE DOCUMENT INCLUDES PROCEDURES FOR CONSISTENT MONITORING AND ENFORCEMENT OF COMPLIANCY WHEN CONFLICTS ARE DISCOVERED NEW EMPLOYEES ARE REQUIRED TO COMPLETE DISCLOSURE FORM SUPON HIRE EMPLOYEES WHO EXPERIENCE CHANGES THAT COULD AFFECT THE ANSWERS ON THEIR DISCLOSURE FORMS ARE ASKED TO REQUEST AND FILE NEW DISCLOSURE FORMS WITHIN THE SAME YEAR. THE I HS AUDIT COMMITTEE HAS ALSO DETERMINED THAT NON-BOARD MEMBERS OF CERTAIN COMMITTEES WITH D ECISION-MAKING ROLES SHOULD FILL OUT DISCLOSURE FORMS. THESE COMMITTEES CURRENTLY INCLUDE THE COLLECTIONS COMMITTEE, FINANCE COMMITTEE, AUDIT COMMITTEE, DEVELOPMENT COMMITTEE AND B UILDING RENOVATION TASK FORCE. DISCLOSURE FORMS ARE REQUESTED DURING THE FIRST QUARTER OF EACH CALENDAR YEAR AND ARE FILED WITH THE IHS EXECUTIVE ASSISTANT. DISCLOSURE FORMS ARE MADE AVAILABLE FOR AUDITORS AS REQUESTED. CURRENT POLICY IS FOR REGULAR REVIEW BY THE IHS AUDIT COMMITTEE ONCE DURING EACH CALENDAR YEAR.

Return Explanation
Reference

FORM 990, PART VI, E IHS INCLUDES THE FOLLOWING PROCESS A SURVEY OF OTHER CEOS COMPENSATION IN THE AREA BY T SECTION B, LINE 15 COMPENSATION, PURCHASED SALARY SURVEYS FROM ASSOCIATION FOR ACCOUNTING MARKETING AND AMER ICAN ASSOCIATION OF STATE AND LOCAL HISTORY, AND CONTINUOUS REVIEW OF OUR SALARY RANGES AN D COMPARISON TO OTHER NON-PROFIT ORGANIZATIONS BY HR DIRECTOR

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

THE IHS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE IHS AUDIT COMMITTEE IS APPOINTED BY THE IHS BOARD OF TRUSTEES TO PROVIDE OVERSIGHT OF IHS FINANCIAL ACTIVITY AND REPORTING, OVERSIGHT REGARDING IHS SYSTEM OF INTERNAL CONTROL, AND A REPORTING MECHANISM TO THE IHS BOARD OF TRUSTEES ON FINANCIAL MATTERS PATICULARLY AS THEY ARE AUDIT-RELATED. THE DUTIES AND RESPONSIBILITIES OF THE IHS AUDIT COMMITTEE INCLUD E -OVERSEE THE FINANCIAL REPORTING SYSTEM INCLUDING THE REVIEW OF INTERIM FINANCIAL STATE MENTS AND ANNUAL BUSINESS PLANS -MONITOR CHOICE OF ACCOUNTING POLICIES AND PRINCIPLES INCLUDING THE REVIEW OF ACCOUNTING POLICIES WITH IHS FINANCIAL PERSONNEL AND EXTERNAL AUDITORS -MONITOR INTERNAL CONTROL PROCESS INCLUDING REVIEWING WITH THE EXTERNAL AUDITORS THEIR EV ALUATION OF IHS INTERNAL CONTROL SYSTEM AND PERFORMING FOLLOW-UP ON IMPLEMENTATION OF AUDITORS MANAGEMENT LETTER RECOMMENDATIONS -OVERSEE HIRING AND PERFORMANCE OF EXTERNAL AUDITORS THE IHS AUDIT COMMITTEE WILL ASSESS/CONFIRM THE FOLLOWING, AND REPORT FINDINGS TO THE BOARD OF TRUSTEES -INDEPENDENCE OF THE EXTERNAL AUDITORS -LIMITATIONS PLACED ON THE SCOPE OR NATURE OF THEIR PROCEDURES FOR EACH AUDIT -DISAGREEMENTS WITH IHS STAFF THAT, IF NOT RESOLVED, COULD JEOPARDIZE THE AUDIT PROCESS -ANY ISSUES WHICH COULD LEAD TO A NON-STANDARD A CCOUNTANTS REPORT, E G, QUALIFIED OPINION