			** PUBLIC DISCLOSURE COPY *	*	_
	Ω		Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Fo	rm 🚽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021
Dor	artment	of the Treasury	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Inte	rnal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
<u>A</u>	For th			JUN 30, 2022	
В	Check if applicat	C Name of	organization	D Employer identificat	tion number
_	Addr				
F	chan Nam	e	ANA STATE MUSEUM FOUNDATION, INC. usiness as INDIANA STATE MUSEUM AND HISTOR		5
F	chan Initia				
F	returi Final		and street (or P.O. box if mail is not delivered to street address) Room/s WEST WASHINGTON STREET	uite E Telephone number 317-232-16	537
	lreturi termi ated	in-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,060,225.
Г	Amer	nded TNTT	ANAPOLIS, IN 46204	H(a) Is this a group retu	
F	returi Appli tion		nd address of principal officer: CATHRYN C FERREE	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates include	
ī	Tax-e>	kempt status:		527 If "No," attach a list	
			S://WWW.INDIANAMUSEUM.ORG	H(c) Group exemption r	
κ	Form c	of organization:	X Corporation	/ear of formation: 1968 M S	
	art I	Summary			
	1		e the organization's mission or most significant activities: $\ \underline{ ext{THE}} \ ext{FOUN}$		
Governance		TO PROM	OTE AND ASSIST THE INDIANA STATE MUSEU	M AND HISTORIC	SITES
22	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of m	nore than 25% of its net assets	
	3	Number of vot	ing members of the governing body (Part VI, line 1a)		17
			ependent voting members of the governing body (Part VI, line 1b)		17
5	g 5		of individuals employed in calendar year 2021 (Part V, line 2a)		0
ΪŦ	6		of volunteers (estimate if necessary)		81
Activitioe 8.	<u>ح</u> 7a		d business revenue from Part VIII, column (C), line 12		0.
	<u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year 2,746,199.	Current Year 3,073,688.
9	8		and grants (Part VIII, line 1h)	0.	<u> </u>
Bevenue	9	•	ce revenue (Part VIII, line 2g)	174,839.	484,796.
Č C			come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	<u> </u>
	11		Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,921,038.	3,558,484.
	13			2,147,799.	3,400,944.
	14		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	40	· .		0.	0.
Evnancae	2 16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 5 ,603.	0.	0.
	b b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 5 ,603.		
ù			es (Part IX, column (A), lines 11a-11d, 11f-24e)	41,944.	41,088.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,189,743.	3,442,032.
	19		expenses. Subtract line 18 from line 12	731,295.	116,452.
or	ces			Beginning of Current Year	End of Year
sets	<u>प्रहा</u> 20	Total assets (F	Part X, line 16)	12,226,178.	11,032,023.
Net Assets or	ਸ਼ੂ 21	Total liabilities	(Part X, line 26)	185,536.	106,981.
			fund balances. Subtract line 21 from line 20	12,040,642.	10,925,042.
	art II	, united and a second s			
	-		declare that I have examined this return, including accompanying schedules and sta		lowledge and belief, it is
tru	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

Sign Here	Signature of officer CATHRYN C FERREE, CEO	/PRESIDENT	I	Date
nere	Type or print name and title	/		
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	CASSE TATE	CASSE TATE		/23 self-employed P01271193
Preparer	Firm's name 🕒 KSM BUSINESS SE	RVICES, INC		Firm's EIN 🔊 35-2123203
Use Only	Firm's address PO BOX 40857			
	INDIANAPOLIS, I	N 46240		Phone no. (317) 580-2000
May the IF	RS discuss this return with the preparer shown a	bove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act No	tice, see the separate instructions.		Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) INDIANA STATE MUSEUM FOUNDATION, INC. 35-6202818 Page 2 t III Statement of Program Service Accomplishments
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission: THE FOUNDATION WAS ESTABLISHED TO PROMOTE AND ASSIST THE INDIANA STATE
	MUSUEM AND HISTORIC SITES WITH THE OBJECTIVE OF COLLECTING, PRESERVING
	AND INTERPRETING INDIANA HISTORY FOR THE BENEFIT OF THE PUBLIC.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,400,944. including grants of \$ 3,400,944.) (Revenue \$)
4a	(Code:) (Expenses \$3,400,944. including grants of \$3,400,944.) (Revenue \$) THE FOUNDATION PROVIDES FINANCIAL SUPPORT FOR THE INDIANA STATE MUSEUM
	AND HISTORIC SITES. THE SUPPORT PROMOTES EXHIBITIONS AND EDUCATIONAL
	PROGRAMS HIGHLIGHTING CULTURAL HISTORY, NATURAL HISTORY, ART, AND
	SCIENCE.
	DUTENCE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 3,400,944.
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100000	
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13190418 757887 55066.000

<u>Form 990 (2</u>				MUSEUM	FOUNDATION,	INC
Part IV	Checklist of Re	equired Sche	edules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	NO
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
12	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	12b 13	X	X
13 14a		13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c		
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	F			、 <i>)</i>

021)				FOUNDATION	
Statements	Regarding Ot	ner IRS F	ilings and 1	Fax Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	C	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of			3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		()	_		v
a				5a		XX
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5</u> c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		0			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			7a		X
b			·····	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
۱	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
				8		
	Sponsoring organizations maintaining donor advised funds.					
a				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:		1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
	Section 501(c)(12) organizations. Enter:		1			
		11a		-		
C	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	•••••				

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Form 990 (2021)

Part V

Form	990 ((2021)
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INDIANA STATE MUSEUM FOUNDATION, INC.

Page **6** 35-6202818

Form 990 (32-0202010	Page O
Part VI	Governance, Management, and Disclosure. For each "Yes" response	to lines 2 through	7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ.

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	7		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tu		
	Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>			
C	on Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?		X	
			X	
4 5	Did the organization have a written document retention and destruction policy?	14	- 23	
5	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?	45-		
	The organization's CEO, Executive Director, or top management official			X X
b	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IN$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID DAUM - 317-234-5477			
	650 W. WASHINGTON ST., INDIANAPOLIS, IN 46204			
			1 990	

Form 990 (2021) INDIANA	A STATE MUSEUM	FOUNDATION,	INC.	35-6202818	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independ	dent Contractors								
Check if Schedule O contains a re	esponse or note to any line	in this Part VII							
Section A. Officers, Directors, Trustees, K	Key Employees, and Highe	est Compensated Emp	loyees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
•	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.								
 List all of the organization's current key 	/ employees, if any. See the	e instructions for definiti	on of "key employee."						
• List the organization's five current highe able compensation (box 5 of Form W-2, Form 1099									

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not ch		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	son i	s both	n an	compensation	compensation	amount of
	week			uau		1/ 11 43		from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		ee	npen		1099-NEC)	1039-1120)	and related
	below	dual t	ltiona	_	nploy	st coi	1			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) CATHRYN C. FERREE	10.00		_		-		-			
CEO/PRESIDENT	31.00	1		х				0.	218,777.	52,205.
(2) WILLIAM BROWNE JR.	5.00									
BOARD CHAIR		X		Х				0.	0.	0.
(3) THAO T NGUYEN	15.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) ELIZABETH WITTE	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) ANDREW BRIGGS	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) ANDREW DAHLEM, PH.D.	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) GARY ANDERSON	1.00									
MEMBER		Х						0.	0.	0.
(8) MELISSA CAITO	1.00									
MEMBER		Х						0.	0.	0.
(9) FRED CATE	1.00									
MEMBER		Х						0.	0.	0.
(10) LINDA CONTI	1.00									
MEMBER		Х						0.	0.	0.
(11) NANCY JORDAN	1.00									
MEMBER		Х						0.	0.	0.
(12) ROLAND SHELTON	1.00									_
MEMBER		Х						0.	0.	0.
(13) JUDY SINGLETON	1.00									-
MEMBER		Х						0.	0.	0.
(14) MARY WALKER	1.00							_		-
MEMBER		х						0.	0.	0.
(15) JOHN WECHSLER	1.00							_		_
MEMBER		X						0.	0.	0.
(16) ROBIN WINSTON	1.00								_	<u>^</u>
MEMBER		Х						0.	0.	0.
(17) JORDAN GATHERS	1.00								•	<u>^</u>
MEMBER		Х						0.	0.	0. Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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		INDIANA S	STATE MU	JSE	EUM	F	'OU	IND	AΊ	TION, INC.	35-6	<u>2028</u>	318	Page	8
Par	t VII Section A. Officers,	Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hig	ghes	t C	compensated Employe	es (continued)				
	(A)		(B)				C)			(D)	(E)			(F)	_
	Name and title		Average			Pos	itior			Reportable	Reportable	~		imated	
	Name and the		hours per		not cl					compensation	compensatio	I		ount of	
			week		cer an					from	from related	I		other	
			(list any	tor						the	organization			ensation	
			hours for	direc				_		organization	(W-2/1099-MI			om the	
			related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC			nization	
			organizations	ruste	al tru:		/ee	mper		1099-NEC)		′	•	related	
			below	dual t	ltion	_	lold	st co iyee	5	,				nizations	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				e. gu		
(18)	ANGILA RETHERFORD		1.00			0	Ť	1 - 0	4						—
MEMB			1.00	x						0		0.		0	
MEMD	ER			~						0	•	0.		0	•
				_											
															_
															—
				-											
				_			<u> </u>								
				_											
															_
															—
				-											
											010 7				_
	Subtotal									0			52	,205	
С	Total from continuation s	sheets to Part VI	I, Section A							0		0.		0	_
d	Total (add lines 1b and 1d	c)								0	. 218,7	77.	52	,205	•
	Total number of individuals								o re	eceived more than \$10	0,000 of reportable	е			
	compensation from the org	anization													0
		, , , , , , , , , , , , , , , , , , ,												Yes No	,
3	Did the organization list an	v formor officor	director trust			mnl		~ ~r	hia	shoet componented or	nlovoo on	ſ			
3	Ũ		,	,				,	0				•	X	
_	line 1a? If "Yes," complete												3	^	_
4	For any individual listed on														
	and related organizations g	greater than \$150	0,000? If "Yes	," со	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5	Did any person listed on lir														
	rendered to the organization	on? If "Yes." com	nplete Schedul	e J f	or su	ch i	pers	on .					5	X	
Sec	tion B. Independent Contr														
1	Complete this table for you	ir five highest co	mpensated in	lene	nder	nt co	ontra	actor	rs th	hat received more than	\$100 000 of com	nensat	ion fro	n	_
•	the organization. Report co											perieus			
	the organization. Report co		the calendar y	care	nuin	y w					year.		(0)	\	—
	Nar	(A) me and business	address	NT/						(B) Description of	services		(C) ompen		
	i vai		2001035	INC	ONE				_	Description of	301 11003		ompen	341011	
															_
															_
2	Total number of independe	ent contractors (i	ncluding but n	ot lir	nited	l to i	thos	se lis	ted	above) who received r	nore than				
	\$100,000 of compensation	<u>n from the organi</u>	zation 🕨				()							
													Form 9	90 (202	1)

		(2021) INDIANA STATE	MUSEUM	FOUNDATION	, INC.	35-6202	818 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response of	or note to any li				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S CO	1 -	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		272,167	-			
Gu	0			-			
ifts, r A	c			1			
, Gi nila	e		1,000,000				
ons Sin	f	All other contributions, gifts, grants, and	, ,	-			
her		similar amounts not included above 1f	1,801,521				
ot	ç		52,763	-			
Con	e h	Total. Add lines 1a-1f		3,073,688.			
0.0			Business Code	, ,			
đ	2 a	·					
vic	h						
Ser	c						
am Ser evenue	c						
Program Service Revenue	e						
Pro		All other program service revenue					
	c	-					
	3	Investment income (including dividends, intere					
		other similar amounts)		272,739.			272,739.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	c						
	c		►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,713,798.					
	b	Less: cost or other basis					
ne		and sales expenses					
evenue	c	Gain or (loss)					
Rev		Net gain or (loss)	►	212,057.			212,057.
Other R		Gross income from fundraising events (not					
Oth		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b						
	c	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	🕨				
ß			Business Code				
e e	11 a					ļ	
Miscellaneous Revenue	b						
Sell	c						
Aisc B	c	All other revenue					
2	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	►	3,558,484.	0.	0.	484,796.
13200	9 12-09	J-21					Form 990 (2021

10

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,400,944.	3,400,944.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	35,485.		35,485.	
' g	Other. (If line 11g amount exceeds 10% of line 25,	55,105.		55,1051	
a	column (A), amount, list line 11g expenses on Sch 0.)				
10					
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
15	Royalties				
16					
17					
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) DEVELOPMENT EXPENSE	5,603.			5,603.
		5,005.			5,005.
b					
с А					
d	All other expenses				
e 25	All other expenses	3,442,032.	3,400,944.	35,485.	5,603.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	J, 774, UJ4•	5,200,344.	55,405.	5,005.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
4005	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)
132010) 12-09-21				FUTTI VVV (2021)

Form 990 (2021)

Part IX Statement of Functional Expenses

13190418 757887 55066.000

Cash - non-interest-bearing Savings and temporary cash investments 2 2 197,033. 692,836. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 5,386,320. 6,578,335. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 185,536. 106,981. 15 Other assets. See Part IV, line 11 15 12,226,178. 11,032,023. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 185,536. 25 106,981. of Schedule D 185,536. 106,981. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 2,927,875. 3,203,324. 27 27 Net assets without donor restrictions 7,997,167. Net assets with donor restrictions 8,837,318. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 12,040,642. 10,925,042. Total net assets or fund balances 32 32 12,226,178. 11,032,023. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

INDIANA STATE MUSEUM FOUNDATION, INC.

Check if Schedule O contains a response or note to any line in this Part X

35-6202818 Page 11

(B)

End of year

3,653,871.

(A)

Beginning of year

6,457,289.

1

Form 99

1

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2	2021)	
Part X	Ba	lance	Sheet

Form	1990 (2021) INDIANA STATE MUSEUM FOUNDATION, INC.	35-0	5202818	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,44		
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,04	-	
5	Net unrealized gains (losses) on investments	5	-1,23	2,0	<u>52.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,92	5,0	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of	the organization						Employer	r identification number			
	INDI	ANA STATE	MUSEUM FOUNDA	TION,	, INC.	•	3	5-6202818			
Part I	Reason for Public (Charity Status.	(All organizations must co	omplete th	nis part.) S	ee instruction	IS.				
The orga	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)						
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).					
4	A medical research organiz)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	II.)							
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or			
	university:										
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from			
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	nd (2) no i	more than	33 1/3% of it	s support f	rom gross investment			
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11	An organization organized	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).					
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly supported or	ganizations describe	d in section 509(a)(1) of	r section !	509(a)(2).	See section	509(a)(3). (Check the box on			
_	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.				
a	Type I. A supporting orga	anization operated, s	upervised, or controlled b	oy its supp	ported org	anization(s), t	ypically by	giving			
	the supported organization			majority o	of the direc	tors or truste	es of the su	upporting			
_	organization. You must o	-									
b _	Type II. A supporting org	-				-		•			
	control or management o			me perso	ns that co	ntrol or mana	ge the sup	ported			
_	organization(s). You mus	-									
c 🗋	Type III functionally inte	•					ly integrate	ed with,			
	its supported organizatio										
d 🗌	Type III non-functionally		• •				-				
	that is not functionally int			•		-	l an attentiv	veness			
	requirement (see instruct		-								
e _	Check this box if the orga					Type I, Type	II, Type III				
	functionally integrated, or		nally integrated supportin	ig organiz	ation.						
	er the number of supported of	•									
g Pro	vide the following information (i) Name of supported	ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other			
	organization	(1) = 1	(described on lines 1-10	in your governi		support (see ir		support (see instructions)			
	~ 		above (see instructions))	Yes	No		,				
								 			

Schedule	e A (Form 990) 2021	INDIANA	STATE	MUSEUM	FOUNDATION,	INC.	35-6202818	Page 2
Part II	Support Schedule for	or Organizat	ions Des	cribed in Se	ections 170(b)(1)(/	A)(iv) and	170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4			(0) = 0 + 0	(4) = 0 = 0		(.)
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					40	
12			,			12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi		-				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					· · · ·	
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the c		•		Llino 15 is 22 1/20/		
N							
47-	and stop here. The organization qual				- 10, 10 10b		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets the				• •		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17	b, check this box a		<u>s</u> ► (Form 990) 2021

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INDIANA STATE MUSEUM FOUNDATION, INC. 35-6202818 Page 3 Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	2370741.	2914422.	3137954.	2746199.	3073688.	14243004.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	99,720.	0.	0.	0.	0.	99,720.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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	2470461.	2014422	3137954.	2746199.	2072600	14342724.
6 Total. Add lines 1 through 5	24/0401.	2914422.	313/954.	2/40199.	30/3088.	14342/24.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000.	27,000.	33,785.	282,690.	608,200.	956,675.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	5,000.	27,000.	33,785.	282,690.	608,200.	956,675.
8 Public support. (Subtract line 7c from line 6.)	,			,		13386049.
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	2470461.	2914422.	3137954.	2746199.	3073688.	14342724.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		171,752.		123,065.	272,739.	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	90,612.	171,752.	169,912.	123,065.	272,739.	828,080.
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 		1/1,/52.	109,912.	123,005.	212,139.	020,000.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2561073.	3086174.	3307866.	2869264.	3346427.	15170804.
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third, 1	fourth, or fifth tax y	rear as a section 5	01(c)(3) organizatio	on,
check this box and stop here	~ ·····		•			
Section C. Computation of Publ	lic Support Per	centage				
15 Public support percentage for 2021	(line 8, column (f), d	ivided by line 13, c	olumn (f))		15	88.24 %
16 Public support percentage from 202	, , , , , , , , , , , , , , , , , , , ,	,			16	95.25 %
Section D. Computation of Inve						
17 Investment income percentage for 2	.021 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	5.46 %
18 Investment income percentage from					18	4.34 %
19a 33 1/3% support tests - 2021. If the					· · · · ·	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	-	-				
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						
132023 01-04-22		,	. ,			(Form 990) 2021

16

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

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Schedule A (Form 990) 2021 INDIANA STATE MUSEUM FOUNDATION, INC. 35-6202818 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ĺ	
Sec	ction B. Type I Supporting Organizations			
			Vaa	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D.	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

2

Yes No

Schedule A (Form 990) 2021

13190418 757887 55066.000

Sche	dule A (Form 990) 2021 INDIANA STATE MUSEUM FO			35-6202818 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	- 1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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INDIANA	STATE	MUSEUM	FOUNDATION,	INC.
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

edule A (art VI	(Form 990) 2021 INDIANA STATE MUSEUM FOUNDATION, IN	
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, lin Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an	B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	iy additional information.
		Schedule A (Form 990) 2

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	INDIANA STATE MUSEUM FOUNDATION, INC.	35-6202818
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Part I

(a)

INDIANA STATE MUSEUM FOUNDATION, INC.

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

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 133,495. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 562,200. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 12,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 22,500. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

(d)

35-6202818

(c)

-	
123452	11-11-21

13190418 757887 55066.000

13190418 757887 55066.000

Name of organization

Part I

(a)

INDIANA STATE MUSEUM FOUNDATION, INC.

No. Name, address, and ZIP + 4 **Total contributions** 7 20,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

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

(b)

8		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$65,854.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
	25		

Employer identification number

(d)

Type of contribution

(d) Type of contribution

X

35-6202818

Person Payroll

Noncash

(c)

Schedule B (Form 990) (2021)

Part I

INDIANA STATE MUSEUM FOUNDATION, INC.

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 Person Payroll 13,392. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (a) (c)

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Employer identification number

(d)

(d)

(d)

(d)

(d)

Schedule B (Form 990) (2021)

X

X

X

X

35-6202818

123452 11-11-21

13190418 757887 55066.000

INDIANA STATE MUSEUM FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person Payroll 33,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

13190418 757887 55066.000

Employer identification number

35-6202818

^{123452 11-11-21}

123452 11-11-21

13190418 757887 55066.000

INDIANA STATE MUSEUM FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 326,686. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 26 X Person Payroll 190,890. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll Noncash 22,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Employer identification number

Page 2

35-6202818

Schedule B (Form 990) (2021)

INDIANA STATE MUSEUM FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
31		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
33		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
35		\$8,113.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36		\$7,252.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

35-6202818

123452 11-11-21

13190418 757887 55066.000

Name of organization

S

Part I

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

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 37 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 38 X Person Payroll 5,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Page 2

Employer identification number

35-6202818

123452 11-11-21

13190418 757887 55066.000

INDIA	NA STATE MUSEUM FOUNDATION, INC.	35	-6202818	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
10	STOCK DONATION	\$49,024.	_06/30/22_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

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Schedule B (Form 990) (2021)

13190418 757887 55066.000

2021.05070 INDIANA STATE MUSEUM FOUN 55066.01

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Employer identification number

	B (Form 990) (2021)			Page 4 Employer identification number	
Name of organization					
	NA STATE MUSEUM FOUNDAT			35-6202818	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
-		(e) Transfer of g	ift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held	
		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
-	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
(a) Na			1		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
123454 11-11	-21	1		Schedule B (Form 990) (2021)	

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

Employer identification number

		UM FOUNDATION, INC.		35-6202818
Pa			ds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.		
		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		lvised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pa				
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea		n of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the fo	rm of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired			
	listed in the National Register	-		2d
3	Number of conservation easements modified, transferred, re			
•	year >		and organ	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		of	
Ŭ	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ		narialing of violations, and emotoling o		an outcomente daning the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conse	nyation ea	sements during the year
•	S	and chorations, and choraing conse	ivation ca.	sements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 1	70/b)(4)(B)	(i)
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
5	balance sheet, and include, if applicable, the text of the foot	•		
	organization's accounting for conservation easements.			at describes the
Pa		f Art. Historical Treasures. or	Other S	imilar Assets.
	Complete if the organization answered "Yes" on Forn			
19	If the organization elected, as permitted under FASB ASC 95		t and hala	ance sheet works
Ĩ	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
h	If the organization elected, as permitted under FASB ASC 95			sheet works of
D.	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
				► ¢
	 (i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre	asures or other similar assets for finan		
2			oiai yali i, j	
~	the following amounts required to be reported under FASB /	-		▶ ¢
	Revenue included on Form 990, Part VIII, line 1			N .
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction	s for Form 990		Schedule D (Form 990) 2021
	10-28-21	5 101 1 0111 330.		

		STATE MUSE					35-62			age 2
Par	t III Organizations Maintaining Col	lections of Art	, Historical Tr	easures, c	or Othe	r Simila	ar Assets	contii	nued)	
3	Using the organization's acquisition, accession,	, and other records	, check any of the	following that	at make s	ignifican	t use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progi	ram					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	how they further t	he organizati	on's exer	mpt purp	ose in Part	XIII.		
5	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrange							ine 9. or		-
	reported an amount on Form 990, Part >		5				, ,	,		
1a	Is the organization an agent, trustee, custodian		ary for contribution	ns or other as	sets not	included				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII and									
, N			owing table.					Amoun	t	
•	Paginning balance					1c		,	-	
	Additions during the year									
	Additions during the year									
-	Distributions during the year									
f	Ending balance Did the organization include an amount on Forr							Yes		No
	-					iity ?				
Par	If "Yes," explain the arrangement in Part XIII. Cl t V Endowment Funds. Complete if the					10				
1 41		(a) Current year	(b) Prior year	(c) Two yea			e years back	(e) Fou	Voare	hack
4.			., ,							
									,577,	335.
	Contributions								074	
	c Net investment earnings, gains, and losses -274,903. 746,367. 59,140. 122,658.								190,	074.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	9,965.	10,567		9,383.		9,693.			625.
g	End of year balance	2,368,458.	2,653,326	. 1,91	7,526.	1,	867,769.	1	,754,	804.
2	Provide the estimated percentage of the curren		(line 1g, column (a	a)) held as:						
	s	57.0000	_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
3a	Are there endowment funds not in the possessi	on of the organizat	ion that are held a	nd administe	ered for th	ne organi	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the or	ganization's endow	/ment funds.							
Par	t VI Land, Buildings, and Equipmer	nt.								
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11a.	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or ot	her (b) Cos	t or other	(c) A	ccumula	ited	(d) Boo	k valu	е
		basis (investm	ent) basis	(other)	de	preciatio	n			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must equ		(column (R) line	10c)						0.
								D (Carr	- 000\	

Part VIII Investments - Other Securities. Complete if the organization answerd Ywe' on Form 990, Part IV, line 1tb. See Form 990, Part X, line 12. (a) Betrick of calagity industry uses of security industry uses of security of calagity industry uses of security of calagity industry uses of security in		(Form 990) 2021		TE MUSEUM FOUN	NDATION, INC.	35-6202818 Page 3
(a) Bescription of security or category includes rate of security (b) Book value (c) Method of valuation: Cost or end of year market value (1) Financial derivatives (c) (c) (c) (2) Clocely held equity interests (c) (c) (3) Other (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (8) (c) (c) (9) Description of investment (c) Method of valuation: Cost or end of year market value (10) (c) Method of valuation: Cost or end of year market value (11) (c) Method of valuation: Cost or end of year market value (12) (c) Method of valuation: Cost or end of year market value (12) (c) Method of valuation: Cost or end of year market value (13) (c) Method of valuation: Cost or end of year market value (14) (c) Method of valuation: Cost or end of year market value (15) (c) Method of valuation: Cost or end of year market value (16) (c) Method of valuation: Cost or end of year market value (17) <	Part VII					
(1) Financial derivatives		Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part >	K, line 12.
(2) Cosely held equity interests	(a) Descrip	otion of security or catego	Ory (including name of security)	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
(3) Other (3) Other (4) (3) (5) (4) (7) (6) (8) (7) (9) (1) (1) (2) (2) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (3) (9) (2) (9) (2) (1) (2) (2) (2) (3) (3) (4) (4) (5) (5) (6) (2) (7) (3) (6) (4) (7) (4) (9) (1) (1) (2) (3) (4) (3) (4) (4) (4) (5) (5) (6) (6) (7) (7) (9) (1) (9) (1) (9) (1) (1)	(1) Financia	al derivatives				
(A)	(2) Closely	held equity interests				
(B)	(3) Other					
(C) (C) (D) (C) (E) (C) (F) (C) (G) (C) (F) (C) (G)	(A)					
(D) (E) (C) (E) (C) (C) (F) (C) (C) (G) (C)	(B)					
(E) (A) (B) (B) (B)	(C)					
(F) (G) (G)	(D)					
(G) (H) (H) (H) (Part VIII) Investments - Program Related. Complete (If the organization answerd 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (f) (g) (f) (g) (f) (g) (f) (g) (f) (g) (f) (g) (g)	(E)					
(H) Image: Construct on the second seco	(F)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete (It the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (6) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or	(G)					
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (c) (1) (a) Description (b) Book value (c)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (a) Description (c) Method of valuation: Cost or end-of-year market value (4) (c) (c) Description (c) Description (6) (c) (c) Description (c) Description (a) Description (b) Book value (c) Description (c) Description (1) (c) Description (c) Description (c) Description (c) Description (a) Description (c) Description (c) Description (c) Description (c) Description (a) (c) Description of liability (c) Description of liability (c) Description (c) Description (b) Description of liability (c) Description of liability (b) Book value (c) Description of liability						
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) (c) Method of valuation: Cost or end of year market value (1) (c) (c) (c) (c) (c) (3) (c) (c) <t< td=""><td>Part VIII</td><td></td><td>-</td><td></td><td></td><td></td></t<>	Part VIII		-			
(1) Image: Construct on the second seco						
(2)		(a) Description of i	investment	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
(3)	(1)					
(4) (4) (5) (5) (6) (7) (7) (8) (9) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (6) (c) (7) (c) (a) (c) (b) (c) (c) (c) (b) (c) (B) Into 15. (c) (c) (c) (c) (B) Into 15. (c) (c) (a) (c) (B) Into 15. (b) (c) (B) Into 15. (c) (c) (B) Into 15. (c) (c) (B) Dook value (1) (c) Description of Ilability (c) (c	(2)					
(5)	(3)					
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Book value (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (1) (b) Book value (c) (a) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(4)					
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(2) (3) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (c) (2) BENEFICIAL INTEREST IN TRUST 106, 98 (3) (4) (5) (6) (7) (6) (7) (8)			(a)	Description		(b) Book value
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value 1. (a) Description of liability (b) Book value (1) Federal income taxes 106, 98 (2) BENEFICIAL INTEREST IN TRUST 106, 98 (3) 106, 98 106 (4) 106 106 (5) 106 106 (6) 106 106 (7) 106 106 (8) 106 106						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) BENEFICIAL INTEREST IN TRUST (3) (4) (5) (6) (7) (8)						
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1. (a) Description of liability (b) Book value (1) Federal income taxes	TULL			on Form 990 Part IV line .	11e or 11f See Form 990	Part X line 25
(1) Federal income taxes 106,98 (2) BENEFICIAL INTEREST IN TRUST 106,98 (3) (4) (4) (5) (6) (7) (8) (100,100)	4					
(2) BENEFICIAL INTEREST IN TRUST 106,98 (3) (4) (4) (5) (6) (7) (8) (6)						
(3) (4) (5) (6) (6) (7) (8) (6)				יזמש		106 081
(4) (5) (6) (7) (8)		MEFICIAL IN	IEVESI IN IV	191		100,981.
(5) (6) (7) (8)						
(6) (7) (8)						
(7) (8)						
(8)						
		(1)		27.1		106,981.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ⊥ U 6 , 9 8 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

	dule D (Form 990) 2021 INDIANA STATE MUSEUM FOUND.				6202818 Page 4			
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		h Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
1	Total revenue, gains, and other support per audited financial statements			1	2,290,947.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	-1,232,052.					
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	-1,232,052.			
3	Subtract line 2e from line 1			3	3,522,999.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	35,485.					
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b	4c	35,485.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	3,558,484.				
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.							
	······································			io cai				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
1			· · ·	1	5,603.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		· · ·					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		· · ·					
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	· · ·					
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b	· · ·					
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	· · ·					
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	· · ·		5,603.			
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	· · ·	1	5,603.			
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	· · ·	1 2e	5,603.			
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	35,485.	1 2e	5,603.			
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	· · ·	1 2e	5,603.			
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 4a 4b	35,485. 3,400,944.	1 2e	5,603. 0. 5,603. 3,436,429.			
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2a 2b 2c 2d 4a 4b	35,485. 3,400,944.	1 2e 3	5,603. 0. 5,603.			
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	35,485. 3,400,944.	1 2e 3 4c	5,603. 0. 5,603. 3,436,429.			

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

PART V, LINE 4:

THE ENDOWMENT FUNDS HELD BY INDIANA STATE MUSEUM FOUNDATION INC. MAY BE

USED ONLY TO SUPPORT THE PROGRAMS AND OPERATIONS OF INDIANA STATE MUSEUM

AND HISTORIC SITES CORPORATION (A RELATED ORGANIZATION).

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF CASH TO INDIANA STATE MUSEUM AND HISTORIC SITES

3,400,944.

132054 10-28-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Fore s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization	STATE MUSE	UM FOUNDATIO					Employer identification number 35-6202818
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?	-					
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INDIANA STATE MUSEUM AND HISTORIC SITES CORPORATION - 650 WEST WASHINGTON STREET - INDIANAPOLIS,							SUPPORT OF INDIANA STATE
IN 46204	45-2282284	GOVERNMENTAL	3,400,944.	٥.			MUSEUM AND HISTORIC SITES
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 						1	▶ ▶ 1.

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

Schedule | (Form 990) 2021 INDIANA STATE MUSEUM FOUNDATION, INC.

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

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

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

PART I, LINE 2:

GRANT FUNDS WERE AWARDED ONLY TO INDIANA STATE MUSEUM AND HISTORIC SITES

CORPORATION, A RELATED ORGANIZATION.

35-6202818

Page 2

SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F		~ 4	
(. 0		Compensated Employees		20	21	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		ic
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	e of the organization		Employer i	identificatio	on nui	mber
	Ū	INDIANA STATE MUSEUM FOUNDATION, INC.		520281		
Pa	rt I Questions	Regarding Compensation			-	
					Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		ne 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or ch		nal use			
	Travel for comp					
		tion and gross-up payments Health or social club dues or initiation fee				
		pending account	r, chef)			
b	If any of the boxes o	n line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,	, , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if any	r, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Direct	tor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ion of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee X Written employment contract				
		mpensation consultant Compensation survey or study				
	·	ner organizations IX Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rela	ited organization:				
а	Receive a severance	payment or change-of-control payment?		4a		X
b	Participate in or rece	ive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rece	ive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of line	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed or	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	venues of:				
а	The organization?			5 a		X
b	Any related organiza	tion?		5 b		X
		5b, describe in Part III.				
6	For persons listed or	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the ne	-				
						X
		tion?				X
		6b, describe in Part III.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	е			
				8		X
9		I the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2021

Schedule J (Form 990) 2021

D) 2021 INDIANA STATE MUSEUM FOUNDATION, INC. 35-6202818

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHRYN C. FERREE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/PRESIDENT	(ii)	218,490.	0.	287.	32,220.	19,985.	270,982.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Name of the organization

INDIANA STATE MUSEUM FOUNDATION, INC.

Employer identification number										
3	5-6202818									

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-						-		
Pa	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	<u> </u>
		applicable		Form 990, Part VIII, line 1g	noncash continot	alional	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	52,763.	STOCK MARKE	T P	RICE	2
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributic	n any property rep	orted in Part I, lines 1 throug	Jh 28, that it			
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review of	of any nonstandard contribut	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

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describe in Part II.

Schedule M	(Form 990) 2021	INDIANA	STATE	MUSEUM	FOUNDATION	, INC.	35-6202818	Page 2
Part II	supplemental is reporting in Part this part for any ac	t I, column (b), the dditional informat	Provide t e number o ion.	he information of contributions	required by Part I, lir s, the number of item	nes 30b, 32b, and s received, or a c	d 33, and whether the organiza combination of both. Also comp	tion olete
132142 11-17-2	21						Schedule M (Form	990) 2021
					43			

13190418 757887 55066.000

2021.05070 INDIANA STATE MUSEUM FOUN 55066.01

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



35-6202818

INC.

FORM 990, ITEM C, DOING BUSINESS AS:

INDIANA STATE MUSEUM AND HISTORIC SITES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH THE OBJECTIVE OF COLLECTING, PRESERVING, AND INTERPRETING INDIANA HISTORY FOR THE BENEFIT OF THE PUBLIC.

INDIANA STATE MUSEUM FOUNDATION,

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE CHAIRPERSON OF THE AUDIT

COMMITTEE. A COPY OF THE FORM 990 EXCLUDING SCHEDULE B, SCHEDULE OF

CONTRIBUTORS (WHICH IS NOT A REQUIRED DISCLOSURE PURSUANT TO INTERNAL

REVENUE CODE (IRC) SECTION 6104), IS PROVIDED TO ALL OTHER MEMBERS OF THE

AUDIT AND FINANCE COMMITTEE AS WELL AS THE BOARD OF THE INDIANA STATE

MUSEUM FOUNDATION, INC. PRIOR TO THE FILING DEADLINE. ADDITIONALLY A COPY

OF THE FORM 990 EXCLUDING SCHEDULE B, SCHEDULE OF CONTRIBUTORS IS PROVIDED

TO EVERY VOTING MEMBER OF THE INDIANA STATE MUSEUM AND HISTORICAL SITES

CORPORATION BEFORE IT IS FILED WITH THE IRS.

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

CONFLICT OF INTEREST FORMS ARE COMPLETED BY THE ENTIRE BOARD AND REVIEWED

ANNUALLY BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THERE IS NO COMPENSATION PAID FROM THIS ENTITY, THEREFORE THERE ARE NOT

POLICIES GOVERNING THE APPROVAL OF COMPENSATION. COMPENSATION IS PAID FROM

INDIANA STATE MUSEUM AND HISTORIC SITES CORPORATION.

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

Schedule O (Form 990) 2021

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Name of the organization

INDIANA STATE MUSEUM FOUNDATION, INC.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE NOT GENERALLY AVAILABLE TO THE PUBLIC.

FORM 990 PART XII, LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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	000	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

INDIANA STATE MUSEUM FOUNDATION, INC.

Employer identification number 35-6202818

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	3) i12(b)(13) olled ity?
				501(c)(3))		Yes	No
INDIANA STATE MUSEUM AND HISTORIC SITES							
CORPORATION - 45-2282284, 650 WEST	OPERATE THE INDIANA STATE						
WASHINGTON STREET, INDIANAPOLIS, IN 46204	MUSEUM AND HISTORIC SITES	INDIANA	GOVERNMENTAL		N/A		х
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 INDIANA STATE MUSEUM FOUNDATION, INC.

35-6202818 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Genera manag partne	l or Percentage ^{ing} ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		
	1												
	1		1			1	1	1	1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?			
		country)						Yes	No			

Schedule R (Form 990) 2021 INDIANA STATE MUSEUM FOUNDATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	Yes	No								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X								
	Gift, grant, or capital contribution to related organization(s)	1b	X									
	Gift, grant, or capital contribution from related organization(s)	1c		X								
	Loans or loan guarantees to or for related organization(s)	1d		X								
	Loans or loan guarantees by related organization(s)	1e		X								
f	Dividends from related organization(s)	1f		Х								
g	Sale of assets to related organization(s)	1g		Х								
h	Purchase of assets from related organization(s)	1h		Х								
i	Exchange of assets with related organization(s)	1i		X								
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х								
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X								
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X									
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X									
	Sharing of paid employees with related organization(s)	10	X									
р	Reimbursement paid to related organization(s) for expenses	1p		X								
	Reimbursement paid by related organization(s) for expenses	1q		X								
r	Other transfer of cash or property to related organization(s)	1r		Х								
S	Other transfer of cash or property from related organization(s)	1s		Х								

2	If the answer to any	y of the above is	"Yes,	" see the instructions for information on wh	no must comp	lete this	s line, including	covered r	elationship	os and transaction thresh	nolds.
-											

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
INDIANA STATE MUSEUM AND HISTORIC SITES (1) CORPORATION	В	3,400,944.	ACTUAL AMOUNT
(2)			
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 INDIANA STATE MUSEUM FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e) all rs sec. c)(3) s.?	(f) Share of total		(h Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or Po jing er? 0	(k) ercentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	<u>10</u>	
												+	
												+	

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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