

**Return of Organization Exempt From Income Tax**

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HAMILTON COUNTY TOURISM INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>37 EAST MAIN STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>CARMEL, IN 46032</b> <b>F</b> Name and address of principal officer: <b>BOB DUBOIS</b> <b>37 EAST MAIN ST, CARMEL, IN 46032</b>	<b>D</b> Employer identification number <b>35-1803805</b> <b>E</b> Telephone number <b>317-848-3181</b> <b>G</b> Gross receipts \$ <b>8,453,088.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.VISITHAMILTONCOUNTY.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>IN</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE AND ENCOURAGE VISITORS TO HAMILTON COUNTY, INDIANA</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>26</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>4,045,594.</b>	<b>7,952,127.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>387,394.</b>	<b>499,702.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-7,158.</b>	<b>1,259.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,425,830.</b>	<b>8,453,088.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>407,680.</b>	<b>778,418.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,531,599.</b>	<b>1,562,437.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,282,582.</b>	<b>3,498,339.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,221,861.</b>	<b>5,839,194.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>203,969.</b>	<b>2,613,894.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>3,080,207.</b>	<b>5,681,053.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>561,667.</b>	<b>548,619.</b>
		<b>2,518,540.</b>	<b>5,132,434.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BOB DUBOIS, CHAIRMAN</b>	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MIKE POTTER</b>	Preparer's signature <b>MIKE POTTER</b>	Date <b>08/02/23</b>
	Firm's name <b>PEACHIN SCHWARTZ AND WEINGARDT, P.C.</b>	Firm's EIN <b>35-1813627</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00621593</b>
	Firm's address <b>9775 CROSSPOINT BLVD, STE 100 INDIANAPOLIS, IN 46256</b>	Phone no. ( <b>317</b> ) <b>574-4280</b>	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO PROMOTE AND ENCOURAGE VISITORS TO HAMILTON COUNTY, INDIANA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,011,298. including grants of \$ 778,418. ) (Revenue \$ 499,702. ) COMMUNITY DEVELOPMENT, ADVERTISING AND PROMOTION OF HAMILTON COUNTY, INDIANA

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,011,298.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....		X
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) non-exempt charitable trusts (12a-12b), section 501(c)(29) qualified nonprofit health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 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>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent .....		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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? .....		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**BRENDA MYERS - 317-848-3181**  
**37 E MAIN ST, CARMEL, IN 46032**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA MYERS CEO/PRESIDENT	60.00			X			148,797.	0.	0.	
(2) KAREN RADCLIFF CHIEF STRATEGY OFFICER	50.00				X		119,872.	0.	0.	
(3) JEFFERY BROWN DIRECTOR	1.00	X					0.	0.	0.	
(4) BOB DUBOIS CHAIRMAN/PRESIDENT	2.00	X		X			0.	0.	0.	
(5) KELLY SUJKA DIRECTOR	1.00	X					0.	0.	0.	
(6) KAYLA ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(7) CHARLES TRICE DIRECTOR	1.00	X					0.	0.	0.	
(8) MARK TRUETT DIRECTOR	1.00	X					0.	0.	0.	
(9) JIMIA SMITH DIRECTOR	1.00	X					0.	0.	0.	
(10) SCOTT SPILLMAN SECRETARY/ TREASURER	2.00	X		X			0.	0.	0.	
(11) CHRIS STICE DIRECTOR	1.00	X					0.	0.	0.	
(12) NORMAN BURNS VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(13) TOBY MILES DIRECTOR	1.00	X					0.	0.	0.	
(14) ANDREW NEWPORT DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							268,669.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							268,669.	0.	0.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,952,127.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 13,087.					
	<b>h Total.</b> Add lines 1a-1f .....			7,952,127.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>CONTRACTED SERVICES RE</b>	<b>Business Code</b>	561000	492,133.	492,133.			
	<b>b</b> <b>REVENUE - ADVERTISING</b>		561000	7,569.	7,569.			
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			499,702.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,259.			1,259.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses ...	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>				
			<b>c</b> Gain or (loss) .....	<b>7c</b>				
	<b>d</b> Net gain or (loss) .....							
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			<b>b</b> Less: direct expenses .....	<b>8b</b>				
			<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....			<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>						
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				8,453,088.	499,702.	0.	1,259.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	778,418.	778,418.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,229,329.	676,131.	553,198.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,296.	44,452.	7,844.	
<b>9</b> Other employee benefits	190,090.	104,550.	85,540.	
<b>10</b> Payroll taxes	90,722.	49,897.	40,825.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	13,500.		13,500.	
<b>c</b> Accounting	17,390.		17,390.	
<b>d</b> Lobbying	25,000.		25,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	54,429.		54,429.	
<b>12</b> Advertising and promotion	2,168,551.	2,168,551.		
<b>13</b> Office expenses	31,088.	29,534.	1,554.	
<b>14</b> Information technology	55,764.	47,399.	8,365.	
<b>15</b> Royalties				
<b>16</b> Occupancy	30,504.	25,928.	4,576.	
<b>17</b> Travel	7,082.	6,020.	1,062.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	78,988.	78,988.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	40,282.	34,240.	6,042.	
<b>23</b> Insurance	31,828.	27,054.	4,774.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CONTRACTED SERVICES EXP</b>	585,872.	585,872.		
<b>b</b> <b>DEVELOPMENT PROJECTS</b>	299,698.	299,698.		
<b>c</b> <b>DUES &amp; SUBSCRIPTIONS</b>	33,046.	33,046.		
<b>d</b> <b>EQUIPMENT RENT, REPAIR</b>	23,669.	20,119.	3,550.	
<b>e</b> All other expenses	1,648.	1,401.	247.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,839,194.	5,011,298.	827,896.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,480,953.	<b>1</b>	1,904,858.
	<b>2</b> Savings and temporary cash investments .....	427,128.	<b>2</b>	2,431,260.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,096.	<b>4</b>	153,973.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	303,237.	<b>9</b>	295,221.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,321,537.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 491,079.	817,793.	<b>10c</b> 830,458.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	50,000.	<b>15</b>	65,283.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,080,207.	<b>16</b>	5,681,053.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	547,719.	<b>17</b>	405,645.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	13,948.	<b>19</b>	19,620.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	123,354.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	561,667.	<b>26</b>	548,619.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,441,057.	<b>27</b>	5,054,951.
	<b>28</b> Net assets with donor restrictions .....	77,483.	<b>28</b>	77,483.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,518,540.	<b>32</b>	5,132,434.
<b>33</b> Total liabilities and net assets/fund balances .....	3,080,207.	<b>33</b>	5,681,053.	

**Part 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	8,453,088.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,839,194.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,613,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,518,540.
5	Net unrealized gains (losses) on investments	5	
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	5,132,434.

**Part XII Financial Statements and Reporting**

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

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

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

HAMILTON COUNTY TOURISM INC

Employer identification number

35-1803805

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>HAMILTON COUNTY TOURISM INC</b>	Employer identification number  <b>35-1803805</b>
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**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
1	N/A <hr/> <hr/> <hr/>	\$ <u>4,791,173.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HAMILTON COUNTY TOURISM INC</b>	Employer identification number  <b>35-1803805</b>
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>HAMILTON COUNTY TOURISM INC</b>	Employer identification number  <b>35-1803805</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HAMILTON COUNTY TOURISM INC Employer identification number 35-1803805

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		41,400.		41,400.
b Buildings		978,035.	256,123.	721,912.
c Leasehold improvements				
d Equipment		74,699.	70,797.	3,902.
e Other		227,403.	164,159.	63,244.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>830,458.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND COMPENSATED	
(3) ABSENCES	117,771.
(4) CURRENT PORTION OF OPERATING LEASE	
(5) LIABILITIES	3,887.
(6) OPERAITN LEASE LIABILITIES, NET OF	
(7) CURRENT PORTION	1,696.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **HAMILTON COUNTY TOURISM INC** Employer identification number **35-1803805**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NICKEL PLATE ARTS, INC 107 S 8TH ST NOBLESVILLE, IN 46060	45-4264204	501(C)3	152,240.	0.			OPERATING SUPPORT
CITY OF WESTFIELD 2728 E 171ST ST WESTFIELD, IN 46074	35-1111142	GOVERNMENT	160,000.	0.			GRAND PARK CAPITAL IMPROVEMENTS
NICKEL PLATE HERITAGE RAILROAD, INC - 107 W SOUTH ST - ARCADIA, IN 46030	27-2835920	501(C)3	69,800.	0.			OPERATING SUPPORT
CONNER PRAIRIE MUSEUM, INC 13400 ALLISONVILLE ROAD FISHERS, IN 46038	20-3402627	501(C)3	10,000.	0.			OPERATING SUPPORT OPERATING SUPPORT
HAMILTON COUNTY HISTORICAL SOCIETY P.O. BOX 397 NOBLESVILLE, IN 46061	35-6062799	501(C)3	50,000.	0.			OPERATING SUPPORT
FRIENDS OF HAMILTON COUNTY PARKS 13295 ILLINOIS ST STE 138 CARMEL, IN 46032	20-5360193	501(C)3	40,000.	0.			OPERATING SUPPORT OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2022

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR THE PERFORMING ARTS 1 CARTER GREEN CARMEL, IN 46032	20-3901164	501(C)3	10,000.	0.			OPERATING SUPPORT
HAMILTON COUNTY HIGHWAY DEPARTMENT 1700 S 10TH ST. NOBLESVILLE, IN 46032	35-6000015	GOVERNMENT	25,000.	0.			OPERATING SUPPORT
CITY OF FISHERS 1 MUNICIPAL DRIVE FISHERS, IN 46038	35-1361390	GOVERNMENT	10,000.	0.			OPERATING SUPPORT

**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:

THE ORGANIZATION HAS A COMMITTEE TO OVERSEE THE ACTIVITIES COVERED BY THE GRANT AND TO MAKE SURE THE GRANT TERMS ARE FOLLOWED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>HAMILTON COUNTY TOURISM INC</b>	Employer identification number <b>35-1803805</b>
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**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
|---|--|
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |  |
|---|--|
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|--|
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2022





**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.

PART I, LINE 3:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MANAGES THE CHIEF

EXECUTIVE OFFICER'S PERFORMANCE EVALUATION AND COMPENSATION PACKAGE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

HAMILTON COUNTY TOURISM INC

Employer identification number

35-1803805

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

THE 990 WAS REVIEWED AND APPROVED BY MEMBERS OF THE BOARD OF DIRECTORS IN A  
MEETING BEFORE THE DOCUMENT WAS FILED.

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

CONFLICT OF INTEREST POLICY SETS OUT INFORMATION AND IS GIVEN TO EACH  
EMPLOYEE AND BOARD MEMBER

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

USE PUBLISHED COMPENSATION SCHEDULES FOR OTHER CENTRAL INDIANA NONPROFITS  
AND OTHER COMPANIES IN THE INDUSTRY TO KEEP WAGES IN LINE YET COMPETITIVE.

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

IN PAPER BY REQUEST

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

IN PAPER BY REQUEST

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
487	MACBOOK PRO CARIE LIVELY	07/19/21	SL	5.00		16	1,579.				1,579.	132.		316.	448.
488	MACBOOK PRO KARA BARBER	12/09/21	SL	5.00		16	1,861.				1,861.	31.		372.	403.
489	MACBOOK PRO KAREN R	12/09/21	SL	5.00		16	1,849.				1,849.	31.		370.	401.
490	MACBOOK PRO-TINA ROGERS	02/23/22	SL	5.00		16	1,849.				1,849.			308.	308.
491	MACBOOK PRO-ASHLEY LEDFORD	04/01/22	SL	5.00		16	1,849.				1,849.			277.	277.
492	MACBOOK PRO-SARAH BILLMAN	04/01/22	SL	5.00		16	1,849.				1,849.			277.	277.
493	MERAKI MR36H WIFI ACCESS POINTS	04/14/22	SL	5.00		16	5,200.				5,200.			780.	780.
494	LAPTOP FOR BRAD LYNN	04/30/22	SL	5.00		16	1,409.				1,409.			188.	188.
495	MACBOOK FOR HCCCC/PURSUIT INSTITUTE	09/15/22	SL	5.00		16	1,849.				1,849.			123.	123.
496	MACBOOK PRO SANDY ALLEN	11/07/22	SL	5.00		16	1,849.				1,849.			62.	62.
497	HVAC UNITE	06/28/22	SL	39.00		16	8,675.				8,675.			111.	111.
498	2019 TOYOTA SIENNA	06/28/22	SL	5.00		16	26,569.				26,569.			2,657.	2,657.
	* 990 PAGE 10 TOTAL OTHER						56,387.				56,387.	194.		5,841.	6,035.
	MACHINERY & EQUIPMENT														
315	COMPUTER WIRING & BOARDS	12/15/06	SL	7.00		16	10,153.				10,153.	10,153.		0.	10,153.
399	5 IPADS STAFF	05/03/12	SL	5.00		16	2,955.				2,955.	2,955.		0.	2,955.
400	2 IPADS	05/03/12	SL	5.00		16	1,346.				1,346.	1,346.		0.	1,346.

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
412	OPTOMA MOBILE PROJECTOR	05/06/13	SL	5.00		16	555.				555.	555.		0.	555.
415	DESKTOP MUSALL	01/13/14	SL	5.00		16	2,299.				2,299.	2,299.		0.	2,299.
418	POE SWITCH	05/15/14	SL	5.00		16	2,160.				2,160.	2,160.		0.	2,160.
419	NEW SERVER	05/16/14	SL	5.00		16	1,099.				1,099.	1,099.		0.	1,099.
420	LAPTOP IPAD KERSTIENS	05/16/14	SL	5.00		16	1,798.				1,798.	1,798.		0.	1,798.
439	MACBOOK AIRS - 2	12/31/15	SL	5.00		16	2,442.				2,442.	2,442.		0.	2,442.
447	SAMSUNG 75" TV	06/14/16	SL	5.00		16	2,098.				2,098.	2,098.		0.	2,098.
448	MBP - BETSY, ASHLEY, KORI, KELLY	08/02/16	SL	5.00		16	3,758.				3,758.	3,006.		0.	3,006.
451	APPLE MACBOOK PRO - TINA	02/03/17	SL	5.00		16	1,691.				1,691.	1,662.		29.	1,691.
452	APPLE MACBOOK AIR - LAURA	02/03/17	SL	5.00		16	948.				948.	934.		14.	948.
453	APPLE MACBOOK PR 13- KAREN	04/05/17	SL	5.00		16	1,879.				1,879.	1,786.		93.	1,879.
459	MACBOOK PRO 13- KARA	08/08/17	SL	5.00		16	1,899.				1,899.	1,678.		221.	1,899.
460	MACBOOK PRO 13- CHRIS	08/08/17	SL	5.00		16	1,899.				1,899.	1,678.		221.	1,899.
461	MACBOOK PRO 13- LAURA	08/08/17	SL	5.00		16	2,249.				2,249.	1,988.		261.	2,249.
465	MACBOOK PRO- WHITNEY	11/20/17	SL	5.00		16	1,699.				1,699.	1,388.		311.	1,699.
470	MACBOOK PRO 13 - JOHN	01/15/18	SL	5.00		16	1,711.				1,711.	1,368.		343.	1,711.
471	MACBOOK PRO 13 - SANDY	02/02/18	SL	5.00		16	1,699.				1,699.	1,331.		340.	1,671.
472	MACBOOK PRO 13 - TIM	02/10/18	SL	5.00		16	1,699.				1,699.	1,331.		340.	1,671.

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
473	MACBOOK PRO - WHITNEY	08/06/18	SL	5.00		16	1,320.				1,320.	902.		264.	1,166.
474	MACBOOK PRO 13 - BILLMAN	11/02/18	SL	5.00		16	1,699.				1,699.	1,077.		340.	1,417.
475	MACBOOK PRO 13 - HCED DIRECTOR	11/02/18	SL	5.00		16	1,712.				1,712.	1,083.		342.	1,425.
476	NEW NETWORK SWITCH FOR OFFICE	11/25/18	SL	5.00		16	1,371.				1,371.	845.		274.	1,119.
477	MACBOOK PRO 13 - SARAH, BRENDA, ANNIE	12/31/18	SL	5.00		16	3,518.				3,518.	2,111.		704.	2,815.
478	MACBOOK PRO - KELLI	12/31/18	SL	5.00		16	2,149.				2,149.	1,290.		430.	1,720.
479	MACBOOK PRO FOR KATIE	04/10/19	SL	5.00		16	1,699.				1,699.	935.		340.	1,275.
480	MACBOOK PRO FOR RACHAEL	05/22/19	SL	5.00		16	1,879.				1,879.	971.		376.	1,347.
481	27 INCH IMAC FOR JORDAN MUSALL	06/13/19	SL	5.00		16	2,269.				2,269.	1,173.		454.	1,627.
482	MACBOOK PRO FOR ASHLEY	06/13/19	SL	5.00		16	1,879.				1,879.	971.		376.	1,347.
483	MACBOOK PRO FOR BETSY	08/23/19	SL	5.00		16	1,879.				1,879.	877.		376.	1,253.
484	MACBOOK PRO FOR KORI	08/26/19	SL	5.00		16	1,711.				1,711.	798.		342.	1,140.
485	MACBOOK PRO FOR KELLEY	09/12/19	SL	5.00		16	1,699.				1,699.	793.		340.	1,133.
486	MACBOOK PRO FOR LAURA	03/11/20	SL	5.00		16	1,879.				1,879.	689.		376.	1,065.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						74,699.				74,699.	59,570.		7,507.	67,077.
	* 990 PAGE 10 TOTAL -						131,086.				131,086.	59,764.		13,348.	73,112.
298	FURNITURE & FIXTURES SHELF UNITS FOR STORAGE SPACE	07/15/03	SL	10.00		16	137.				137.	137.		0.	137.

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
308	FOLDING TABLE	09/30/05	SL	5.00		16	202.				202.	202.		0.	202.
310	OPTOMA 84 PORTABLE SCREEN	09/15/06	SL	7.00		16	399.				399.	399.		0.	399.
313	POP UP SHELTER	05/31/06	SL	7.00		16	220.				220.	220.		0.	220.
314	FURNITURE & FIXT	10/30/06	SL	7.00		16	66,490.				66,490.	66,490.		0.	66,490.
316	AV FOR CONFERENCE ROOM	08/15/06	SL	5.00		16	8,547.				8,547.	8,547.		0.	8,547.
317	REFRIGERATOR & ICE MACHINE	10/30/06	SL	7.00		16	2,673.				2,673.	2,673.		0.	2,673.
319	EVERPURE FILTER SYSTEM	11/15/06	SL	5.00		16	306.				306.	306.		0.	306.
320	PHONE SET UP & CABLE	12/15/06	SL	5.00		16	387.				387.	387.		0.	387.
321	SECURITY SYSTEM	12/28/06	SL	7.00		16	895.				895.	895.		0.	895.
322	TELEPHONES & CABLE	12/28/06	SL	5.00		16	3,478.				3,478.	3,478.		0.	3,478.
324	REFRIGERATOR & MICROWAVE	12/13/06	SL	7.00		16	1,025.				1,025.	1,025.		0.	1,025.
325	SIGN DESIGN	02/28/07	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
326	ADDL AUDIO / VIDEO	03/15/07	SL	5.00		16	2,510.				2,510.	2,510.		0.	2,510.
328	BULLETIN BOARDS & HOOKS	03/15/07	SL	7.00		16	193.				193.	193.		0.	193.
332	OUTDOOR SIGN	07/30/07	SL	7.00		16	1,089.				1,089.	1,089.		0.	1,089.
333	XMAS DECOR	12/14/07	SL	5.00		16	1,083.				1,083.	1,083.		0.	1,083.
334	FREESTANDING DESK & WORK AREA	12/14/07	SL	7.00		16	3,383.				3,383.	3,383.		0.	3,383.
336	CURTAINS - 2ND FLOOR	03/17/08	SL	7.00		16	188.				188.	188.		0.	188.

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
337	CURTAIN	04/15/08	SL	7.00		16	138.				138.	138.		0.	138.
338	FRAMED ART	04/15/08	SL	7.00		16	245.				245.	245.		0.	245.
339	2ND FLOOR WORKROOM	04/15/08	SL	7.00		16	1,245.				1,245.	1,612.		0.	1,612.
341	CARMEL VISIT AREA	05/30/08	SL	39.00	MM	16	18,745.				18,745.	6,530.		481.	7,011.
342	VISIT CENTER BENCH	05/30/08	SL	7.00		16	450.				450.	450.		0.	450.
344	1ST FLOOR REMODEL	06/04/08	SL	39.00	MM	16	1,341.				1,341.	465.		34.	499.
345	PENDANT & LIGHTS CVC	06/17/08	SL	7.00		16	173.				173.	173.		0.	173.
347	WALL GRAPHICS	06/17/08	SL	7.00		16	6,426.				6,426.	6,426.		0.	6,426.
348	VISIT CENTER STOOL	07/15/08	SL	7.00		16	236.				236.	236.		0.	236.
349	BROCHURE RACKS	07/15/08	SL	7.00		16	1,311.				1,311.	1,311.		0.	1,311.
350	LOGO WALL GRAPHICS	08/19/08	SL	39.00	MM	16	617.				617.	211.		16.	227.
352	SIDEWALK SIGN	12/01/08	SL	5.00		16	236.				236.	236.		0.	236.
353	BUILDING SIGN	12/03/08	SL	7.00		16	250.				250.	250.		0.	250.
354	FURNITURE 1ST & 3RD FLOOR	12/09/08	SL	7.00		16	13,647.				13,647.	13,647.		0.	13,647.
370	PHONE EXPANSION	02/24/09	SL	5.00		16	1,183.				1,183.	1,183.		0.	1,183.
372	BULLETIN BOARD	03/18/09	SL	7.00		16	382.				382.	382.		0.	382.
373	WALL SYSTEM	03/18/09	SL	7.00		16	298.				298.	298.		0.	298.
374	BULLETIN BOARD	05/20/09	SL	7.00		16	220.				220.	220.		0.	220.



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375	3RD FLOOR HARDWIRE COMPUTER	08/31/09	SL	7.00		16	783.				783.	783.		0.	783.
389	AMBER RECEPTION DESK	11/15/11	SL	7.00		16	1,507.				1,507.	1,507.		0.	1,507.
390	LEASEHOLD IMPR COMPUTER WIRE	09/15/11	SL	7.00		16	2,781.				2,781.	2,781.		0.	2,781.
403	LEASEHOLD IMPROVE	07/09/12	SL	39.00	MM	16	5,425.				5,425.	1,321.		139.	1,460.
426	2 OFFICE SUITES 3RD FLOOR	04/01/14	SL	7.00		16	3,937.				3,937.	3,937.		0.	3,937.
428	CONFERENCE ROOM TABLES	05/15/14	SL	7.00		16	4,063.				4,063.	4,063.		0.	4,063.
429	3RD FLOOR PULL CABLE	05/22/14	SL	7.00		16	880.				880.	880.		0.	880.
430	GOLF CART	09/09/14	SL	5.00		16	9,790.				9,790.	9,790.		0.	9,790.
431	DESK UNITS RADICLIFF & BABER	12/04/14	SL	7.00		16	5,176.				5,176.	5,176.		0.	5,176.
440	DESK UNIT EXEC ASSIST	12/10/15	SL	5.00		16	1,396.				1,396.	1,396.		0.	1,396.
463	LEASEHOLD IMP BOARDROOM WATER HEATER	09/18/17	SL	7.00		16	829.				829.	502.		118.	620.
464	LEASEHOLD IMP COUNTER TOP CABINETS CORKBOARD	09/27/17	SL	7.00		16	1,316.				1,316.	799.		188.	987.
467	COMMERCIAL DISPLAY MONITORS	06/30/14	SL	5.00		16	1,869.				1,869.	1,869.		0.	1,869.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						181,600.				181,600.	163,522.		976.	164,498.
	* 990 PAGE 10 TOTAL -						181,600.				181,600.	163,522.		976.	164,498.
	BUILDINGS														
391	STONE HOUSE - 107 S 8T ST NOBLESVILLE	06/07/11	SL	39.00	MM	16	130,473.				130,473.	35,405.		3,345.	38,750.
393	HOUSE - 123 S 8TH ST NOBLESVILLE	06/07/11	SL	39.00	MM	16	104,379.				104,379.	28,324.		2,676.	31,000.

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395	BROWING DAY - ARCH DESIGN	11/30/11	SL	39.00		MM16	21,765.				21,765.	5,627.		558.	6,185.
408	NP BUILDING IMPROVEMENTS	12/19/12	SL	39.00		MM16	599,870.				599,870.	138,431.		15,381.	153,812.
414	NP BUILDING IMPROVEMENTS	06/10/13	SL	39.00		MM16	83,583.				83,583.	18,395.		2,143.	20,538.
432	LEASEHOLD IMPROVEMENTS	09/09/14	SL	39.00		MM17	20,742.				20,742.	3,901.		532.	4,433.
449	HEAT PUMP / FURNACE	07/26/16	SL	39.00		MM16	8,548.				8,548.	1,186.		219.	1,405.
	* 990 PAGE 10 TOTAL BUILDINGS						969,360.				969,360.	231,269.		24,854.	256,123.
	LAND														
392	LAND - STONE HOUSE 107 S 8TH ST	06/07/11	L				23,000.				23,000.			0.	
394	LAND - 123 S 8TH ST NOBLESVILLE	06/01/77	L				18,400.				18,400.			0.	
	* 990 PAGE 10 TOTAL LAND						41,400.				41,400.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						1,010,760.				1,010,760.	231,269.		24,854.	256,123.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,323,446.				1,323,446.	454,555.		39,178.	493,733.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,272,348.			0.	1,272,348.	454,555.			488,950.
	ACQUISITIONS						51,098.			0.	51,098.	0.			4,783.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						1,323,446.			0.	1,323,446.	454,555.			493,733.

